National CAHPS® Benchmarking Database

Colorado Dept. of Health Care Policy

Adult Medicaid Sponsor Report

September 2008

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2008 CAHPS Health Plan Survey

Adult Medicaid Sponsor Report

Colorado Dept. of Health Care Policy

Section A: Results at a Glance

Section B: Results in Detail

Prepared by Westat and Shaller Consulting

September 2008

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Introduction

This report presents results for Colorado Dept. of Health Care Policy 2008 CAHPS Health Plan (CAHPS-HP) survey of adult Medicaid managed care enrollees compared to results of surveys conducted by other adult Medicaid survey sponsors participating in the 2008 CAHPS Health Plan Survey Database. The 2008 CAHPS Database contains 4.0 and 4.0H Health Plan survey results from 120 unique adult Medicaid plans that conducted surveys between October 2007 and June 2008.

The 2008 CAHPS Health Plan Survey adult Medicaid sponsor report is organized in three sections:

- ***Section A: Results at a Glance:*** Presents two summary tables of comparative results, showing both statistically significant differences and percentile rankings of CAHPS-HP survey sponsor results compared to benchmarks from the CAHPS Health Plan Survey Database.

- ***Section B: Results in Detail:*** Presents detailed results for survey items through a series of bar charts. This section begins with a list of participants in the 2008 CAHPS Health Plan Survey Database and two sponsor-specific tables showing a comparison of demographic and utilization characteristics of respondents.

- ***Section C: Background and Methodology:*** Presents overview information about the CAHPS Database and CAHPS Health Plan Survey and includes guidelines for using reports, methodological information on consumer reports and consumer ratings (i.e., items included, calculations), response rate calculation, case mix adjustment, and significance testing.

Sections A and B are presented together in this document. Section C is presented as a separate companion document.

Questions regarding this report or any aspect of the CAHPS Database can be directed by e-mail to NCBD1@ahrq.gov. Further information about the CAHPS Database is available through the Web site at: https://www.cahps.ahrq.gov

Section A: Results at a Glance

This section summarizes the 2008 adult Medicaid Health Plan Survey results for Colorado Dept. of Health Care Policy in two ways:

Table 1. Summary of Statistically Significant Differences: This table presents the results of statistical significance tests. Up or down arrows are shown when the results are significantly different from their relevant comparison group. The comparison groups are (1) the sponsor results compared against all other sponsors, and (2) individual health plan results compared against all other health plans. For each composite measure, a mean value (case-mix adjusted) is calculated for each sponsor and for each health plan. These mean values are then statistically compared to the mean value for all sponsors (the mean of all sponsor means) or compared to the mean value for all health plans (the mean of all plan means). All tests were conducted at the .05 level of statistical significance. All survey respondents for a given sponsor are combined to form the sponsor-level results.

Note that when a sponsor submits data for only a single health plan, the individual health plan and sponsor results may vary because the sponsor results are compared to the mean of all sponsor means, whereas the health plan results are compared to the mean of all health plan means.

The arrows in the table indicate the results of the statistical comparison:

- (↑) **up arrow -** result is statistically above the mean value of all sponsors or health plans.
- (↓) **down arrow** - result is statistically below the mean value of all sponsors or health plans.
- (⇔) **two-sided arrow -** result is statistically equivalent to the mean value of all sponsors or health plans.

Table 2. Summary of Percentile Rankings: This table presents the results by percentile rankings using stars to indicate the percentile band for a specific result. This table shows where each health plan result fell within the percentile range of all the plans in the country that submitted CAHPS 4.0 or 4.0H adult Medicaid survey results to the CAHPS Health Plan Survey Database. Five stars indicate the plan performed within the top ten percent of adult Medicaid plans in the CAHPS Health Plan Survey Database while one star indicates the plan performed within the bottom twenty-five percent of plans in the CAHPS Health Plan Survey Database. Rankings are based on a direct comparison of the plan result to the full range of results from all adult Medicaid plan samples in the 2008 CAHPS Health Plan Survey Database; no statistical comparisons were performed.

Table 1. Statistically Significant Differences Summary

Symbol	↑	⇔	↓
Interpretation	indicates result is statistically above the mean value for the given comparison group	indicates result is statistically equivalent to the mean value for the given comparison group	indicates result is statistically below the mean value for the given comparison group

	Consumer Reports			
	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Health Plan Information & Customer Service
Colorado Dept. of Health Care Policy (Sponsor)	↑	⇔	⇔	↓
Colorado Medicaid FFS	⇔	⇔	⇔	↓
Colorado Medicaid PCPP	⇔	⇔	⇔	↓
Denver Health Medicaid Choice	⇔	↓	↑	⇔
Rocky Mountain Health Plans	↑	↑	⇔	↑

Table 1 (cont.) Statistically Significant Differences Summary

Symbol	↑	⇔	↓
Interpretation	indicates result is statistically above the mean value for the given comparison group	indicates result is statistically equivalent to the mean value for the given comparison group	indicates result is statistically below the mean value for the given comparison group

	Consumer Ratings			
	Overall Rating of Personal Doctor	Overall Rating of Specialists	Overall Rating of Health Care	Overall Rating of Health Plan
Colorado Dept. of Health Care Policy (Sponsor)	⇔	⇔	⇔	⇔
Colorado Medicaid FFS	⇔	⇔	⇔	↓
Colorado Medicaid PCPP	⇔	⇔	⇔	⇔
Denver Health Medicaid Choice	↑	⇔	⇔	⇔
Rocky Mountain Health Plans	↑	⇔	↑	↑

Table 2. Consumer Reports Percentile Rank Summary

Symbol	★★★★★	★★★★	★★★	★★	★
Percentile Rank	90th – 100th percentile	75th – 89th percentile	50th – 74th percentile	25th – 49th percentile	Below the 25th percentile

	Consumer Reports			
	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Health Plan Information & Customer Service
Colorado Dept. of Health Care Policy (Sponsor)	★★★	★★★	★★	★
Colorado Medicaid FFS	★★★	★★★	★★	★
Colorado Medicaid PCPP	★★★	★★	★	★
Denver Health Medicaid Choice	★★	★	★★★★	★
Rocky Mountain Health Plans	★★★★★	★★★★★	★★★	★★★★

Table 2 (cont.) Consumer Ratings Percentile Rank Summary

Symbol	★★★★★	★★★★	★★★	★★	★
Percentile Rank	90th – 100th percentile	75th – 89th percentile	50th – 74th percentile	25th – 49th percentile	Below the 25th percentile

	Consumer Ratings			
	Overall Rating of Personal Doctor	Overall Rating of Specialists	Overall Rating of Health Care	Overall Rating of Health Plan
Colorado Dept. of Health Care Policy (Sponsor)	★★★	★★	★★★	★★
Colorado Medicaid FFS	★★★	★★	★★	★
Colorado Medicaid PCPP	★★	★★	★★	★★
Denver Health Medicaid Choice	★★★★	★★	★★★	★★★
Rocky Mountain Health Plans	★★★★	★★★★	★★★★★	★★★★★

Section B: Results in Detail

This section presents comparisons of sponsor-specific 2008 CAHPS Health Plan (CAHPS-HP) survey results in detail. The section begins with a list of sponsors participating in the 2008 CAHPS Health Plan Survey Database, followed by sponsor-specific demographic and utilization characteristics of respondents compared to the CAHPS Health Plan Survey Database adult Medicaid health plan sample. Detailed survey results and their respective items are presented for consumer reports, followed by consumer ratings and HEDIS survey item results (if applicable).

Please refer to Section C of this report (separate companion document) for more information on question item and response definitions.

Table 3. Participants in the 2008 CAHPS Health Plan Survey Database

The table below shows the composition of the 2008 CAHPS Health Plan Survey Database adult Medicaid data.

Sponsor Name	Number of Plans Surveyed	Total Number Sampled	Total Number of Completed Surveys[1]	Range of Response Rates
Assoc Community Affiliated Plans (ACAP)	12	17,768	5,646	20% - 41%
Boston Medical Center HealthNet Plan	1	1,418	420	30%
Cariten-PHP Healthcare	1	1,350	459	35%
Colorado Dept. of Health Care Policy	4	5,739	2,065	28% - 46%
Coventry Health Care, Inc.	3	4,050	1,157	28% - 31%
Excellus Health Plan, Inc.	2	3,308	929	26% - 31%
Fallon Community Health Plan	1	1,755	471	28%
Florida Agency for Health Care Admin	9	3,039	3,039	11% - 17%
Health Net	2	4,320	1,169	27% - 31%
Humana Inc	2	3,375	967	20% - 41%
Kansas Foundation for Medical Care, Inc.	1	1,975	584	30%
Lovelace Health Plan	1	1,755	334	19%
Maryland Dept of Health & Mental Hygiene	7	11,901	3,582	26% - 35%
Med-QUEST Division, DHS	3	4,050	1,672	32% - 48%
Michigan Department of Community Health	12	19,238	5,890	20% - 46%
Minnesota Department of Human Services	9	19,800	8,549	34% - 55%
Molina Healthcare of CA Partner Plan	1	3,375	558	17%
Neighborhood Health Plan	1	1,755	504	29%
Neighborhood Health Plan of Rhode Island	1	1,755	516	20%
New Mexico Health Policy Commission	3	5,535	1,149	19% - 23%
New York State Department of Health	23	34,500	11,740	29% - 45%
NJ Div. of Med. Assistance & Health Svc.	3	664	664	7% - 11%
Ohio Dept. of Job and Family Services	7	12,285	4,649	33% - 43%
Oklahoma Health Care Authority	1	1,620	334	21%
Oregon Department of Human Services	16	13,962	5,383	40% - 53%
Pennsylvania Dept. of Public Welfare	8	11,881	3,767	23% - 40%
Rocky Mountain Health Plans	1	1,553	574	40%
Total Submitted to CAHPS-HP Database	**135**	**193,726**	**66,771**	**7%-55%**
Deduplicated Total [2]	**120**	**171,300**	**59,840**	**7%-55%**

[1] Total number of completed surveys includes only those surveys coded as a "complete" by the sponsor or their vendor(s).

[2] For 2008, sponsors submitted CAHPS 4.0 Health Plan Survey adult Medicaid data for 120 unique health plan samples.

Table 4. Demographic Characteristics – CAHPS-HP Database and Colorado Dept. of Health Care Policy

Table 4 presents descriptive information for Colorado Dept. of Health Care Policy compared to the 2008 CAHPS Health Plan Survey Database adult Medicaid data. Similar information about the general adult population available from the U.S. Census Bureau's Current Population Survey can be used for comparison purposes.

Demographic Characteristics	Sponsor	2008 CAHPS-HP Database
Gender		
Male	27%	29%
Female	73%	71%
Age		
18-34 years	22%	36%
35-54 years	30%	39%
55-74 years	30%	20%
75+ years	17%	4%
Education		
Less than high school graduate	37%	28%
High school graduate/GED	35%	38%
Some college/2 year degree	23%	26%
4 year college graduate	4%	5%
More than 4 year college degree	2%	2%
Race/Ethnicity		
White	64%	60%
African-American	7%	19%
Asian	4%	5%
Native Hawaiian/Pacific Islander	0%	1%
American Indian/Native Alaskan	2%	1%
Other	17%	9%
Multi-racial	5%	5%
Hispanic/Latino origin or decent		
Yes	31%	17%
No	69%	83%
Self-Reported Health Status		
Excellent	7%	11%
Very Good	16%	23%
Good	33%	32%
Fair	31%	24%
Poor	14%	10%

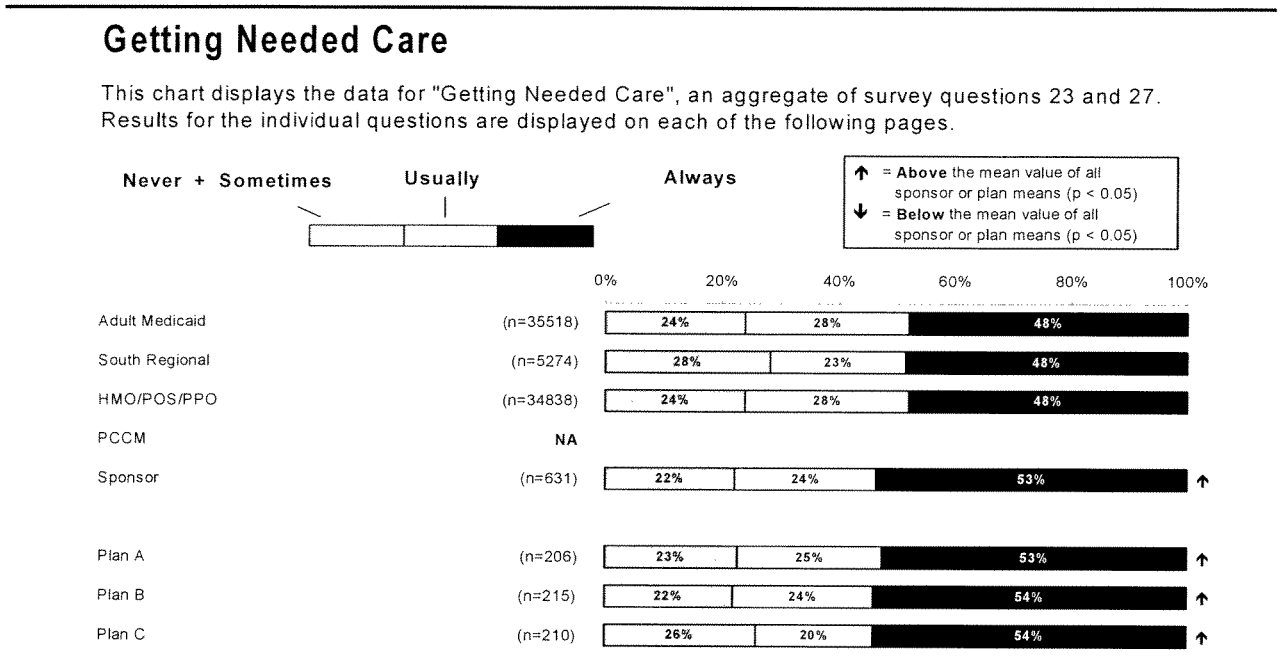
Table 5. Utilization Characteristics – CAHPS-HP Database and Colorado Dept. of Health Care Policy

The following table presents utilization information for the Colorado Dept. of Health Care Policy and the 2008 CAHPS Health Plan Survey Database adult Medicaid data. Sponsors and plans can use this information to inform their interpretation of survey results.

Utilization Characteristics	Sponsor	2008 CAHPS-HP Database
Have a personal doctor?		
Yes	84%	84%
No	16%	16%
Number of visits to personal doctor?		
None	16%	17%
1-2	41%	42%
3-4	25%	23%
5-9	14%	13%
10+	4%	4%
Number of visits to doctor's office or clinic?		
None	21%	21%
1-2	33%	35%
3-4	24%	23%
5-9	16%	15%
10+	6%	6%
Made an appointment to see a specialist?		
Yes	39%	41%
No	61%	59%
Number of specialists seen?		
None	7%	9%
1	53%	49%
2	22%	24%
3	12%	11%
4	4%	4%
5 or more	2%	3%

Survey Results in Detail

The detailed survey results in this section present the full range of responses in a bar chart format, as shown in the example below for the Getting Needed Care composite:



The definitions of the comparative benchmarks used in the bar charts are as follows:

- **Adult Medicaid** – The distribution of results for all adult Medicaid surveys in the 2008 CAHPS Health Plan Survey Database.
- **Region** – The distribution of results for all adult Medicaid surveys within the region of the 2008 CAHPS Health Plan Survey Database. See the table on Regional Benchmarks for details on how the regions were defined.
- **HMO/POS/PPO** – The distribution of results for all adult Medicaid surveys of HMO, POS and PPO plans in the 2008 CAHPS Health Plan Survey Database. For 2008, sponsors submitted 116 HMO, 1 POS and 1 PPO plan(s).
- **Primary Care Case Management (PCCM)** – The distribution of results for all adult Medicaid PCCM plans in the 2008 CAHPS Health Plan Survey Database.
- **Sponsor** – The distribution of results for all of the the sponsor's health plans.

Arrows are shown when the results are significantly different from their relevant comparison group. In this report, the comparison groups are (1) the "Sponsor" result compared against all other Sponsors, and (2) individual health plan results compared against all other health plans. For each survey item or composite measure a mean value (case-mix adjusted) is calculated for each Sponsor and for each health plan. These mean values are then statistically compared to the mean value for all Sponsors (the mean of all Sponsor means) or compared to the mean value for all health plans (the mean of all plan means). All tests were conducted at the .05 level of statistical significance.

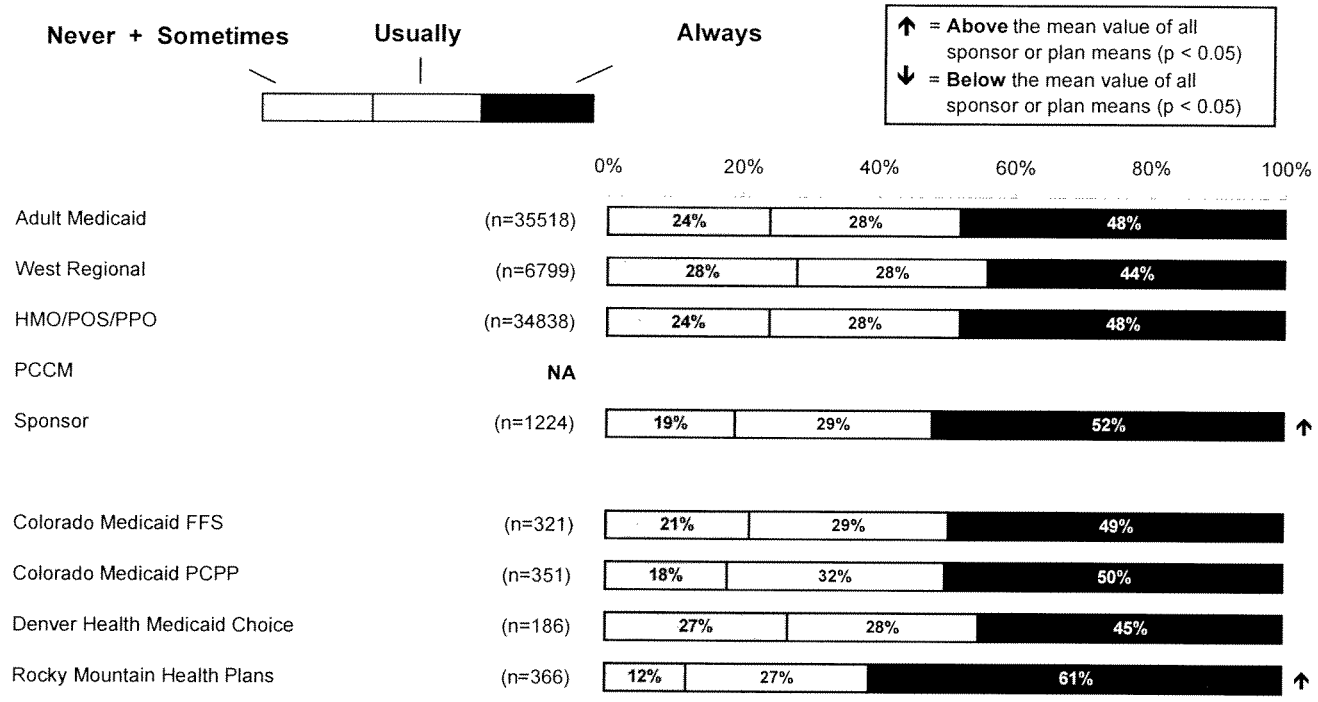
Regional Benchmarks

The regional benchmarks were calculated according to the United States Census Bureau Regions. The table below lists the regions and included states.

Region	States
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
South	Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
West	Alaska, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

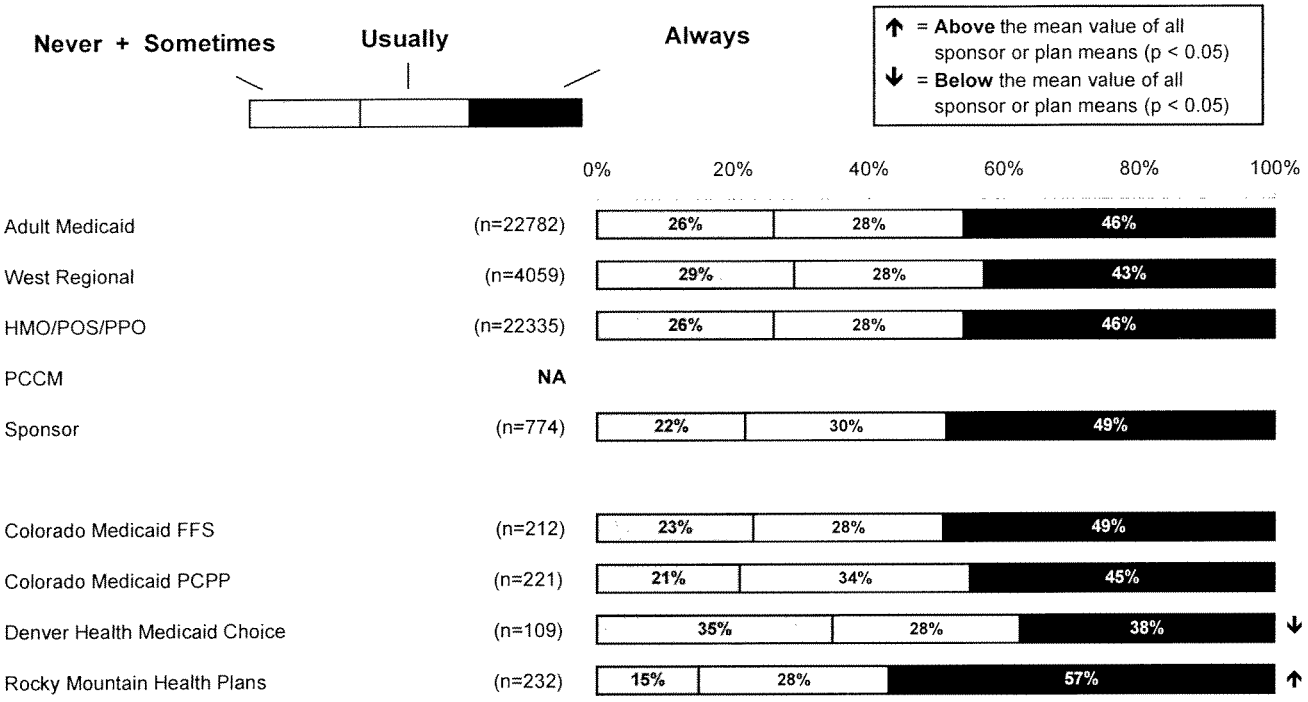
Getting Needed Care

This chart displays the data for "Getting Needed Care", an aggregate of survey questions 23 and 27. Results for the individual questions are displayed on each of the following pages.



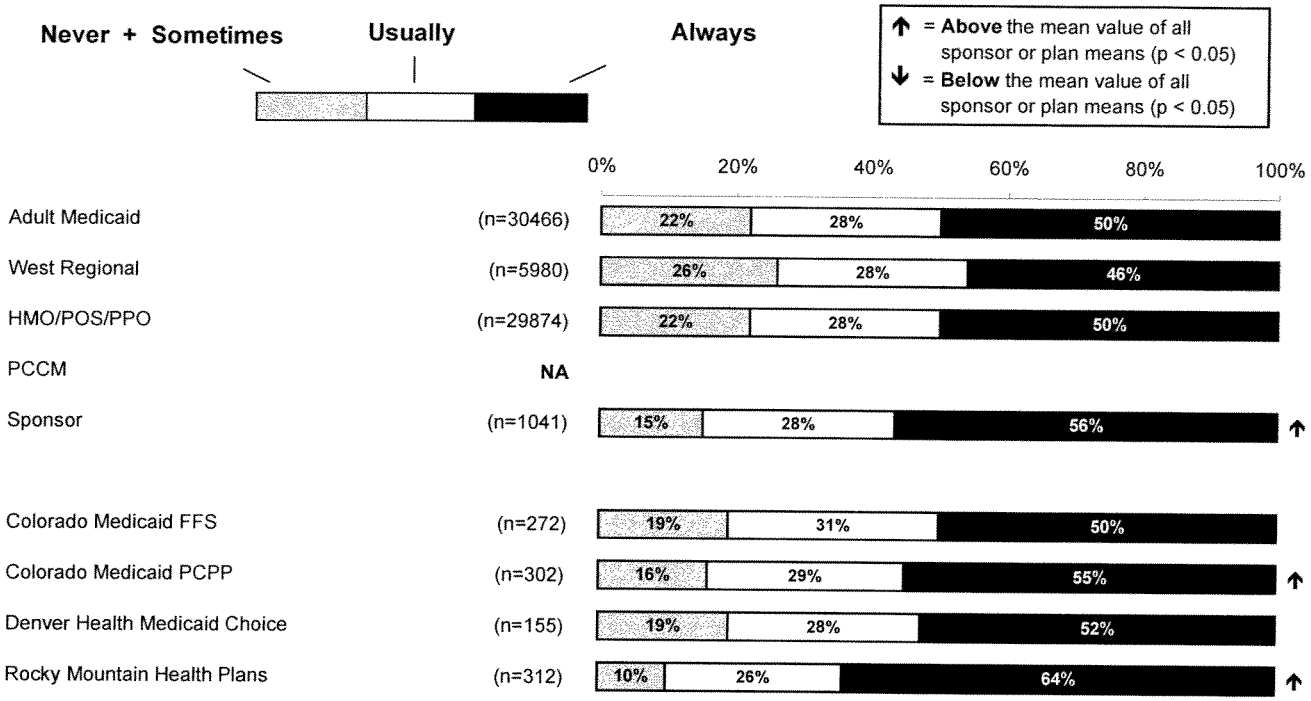
NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

Q23. Of those respondents who tried to make an appointment to see a specialist: "In the last 6 months, how often was it easy to get appointments with specialists?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

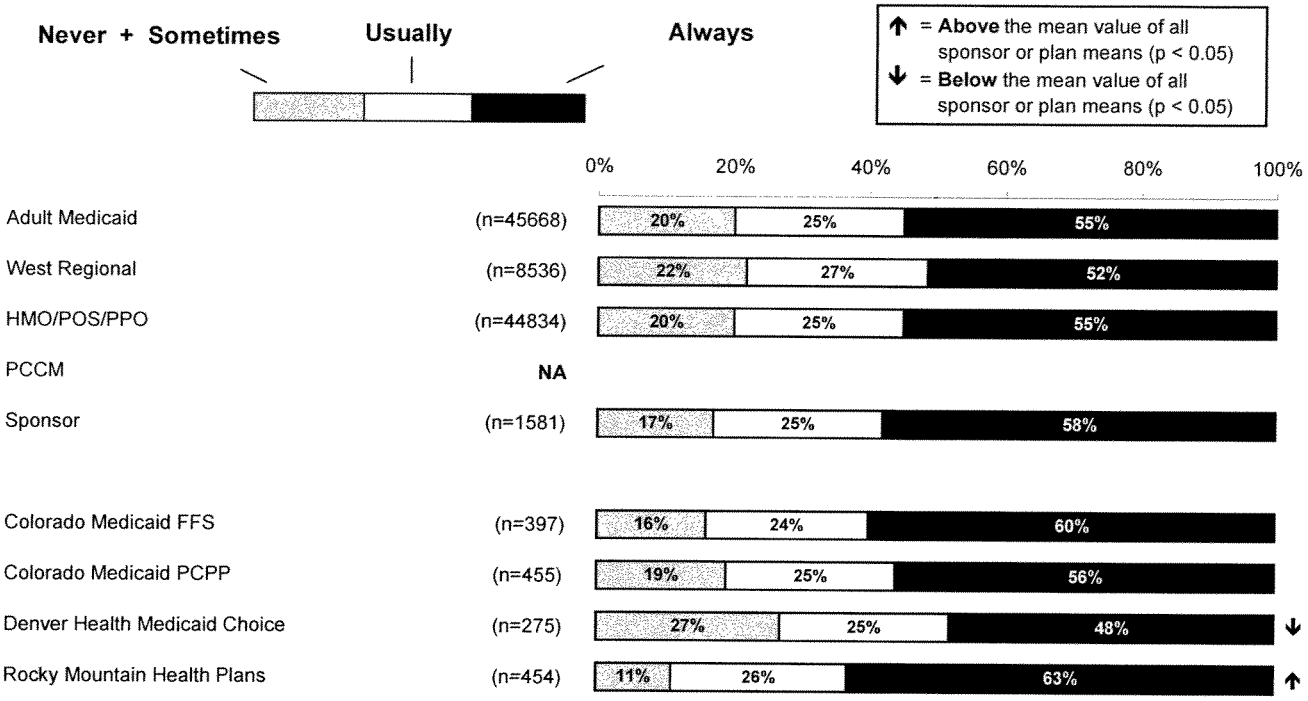
Q27. Of those respondents who tried to get any kind of care, tests, or treatment through their health plan: "In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

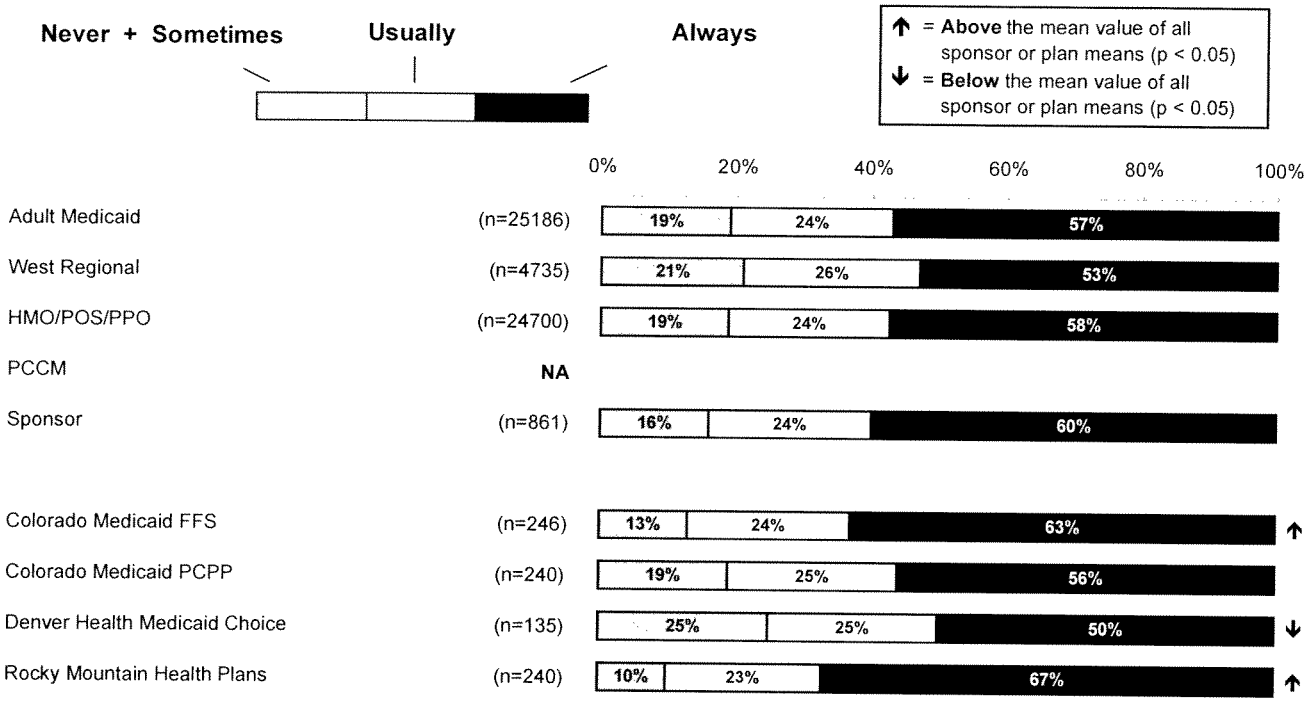
Getting Care Quickly

This chart displays the data for "Getting Care Quickly", an aggregate of survey questions 4 and 6. Results for the individual questions are displayed on each of the following pages.



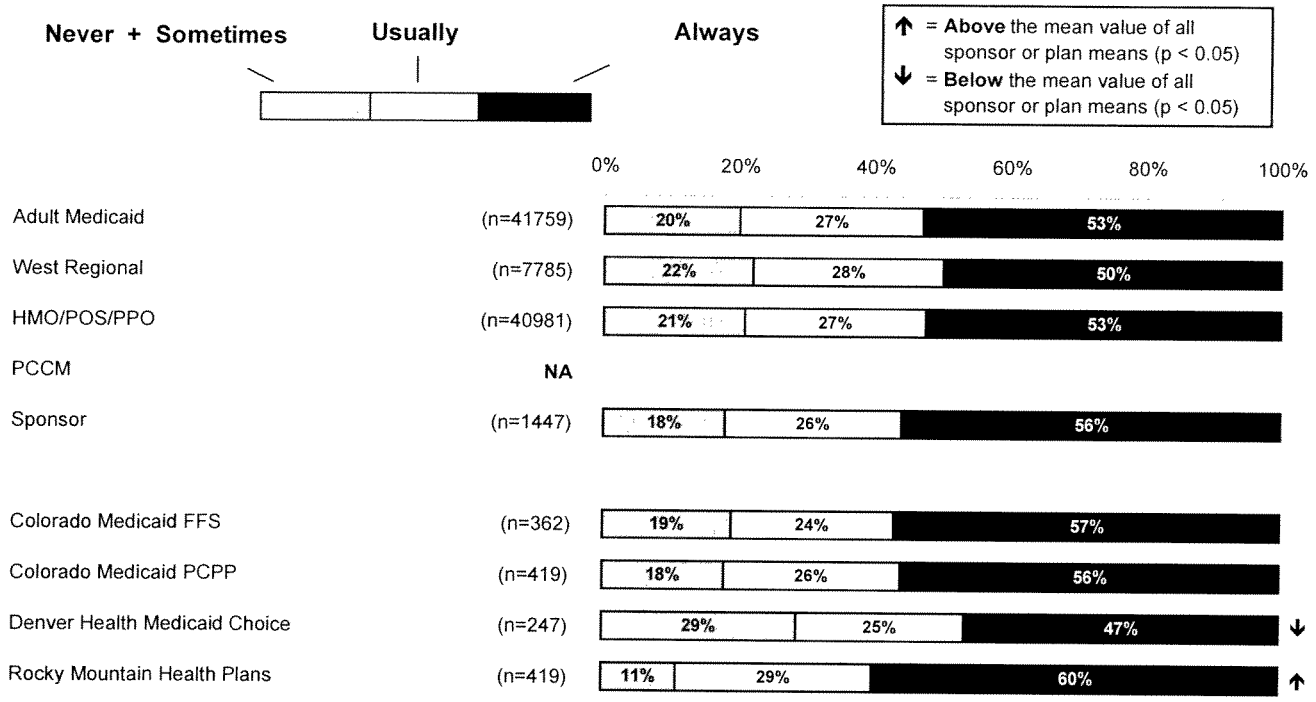
NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

Q4. Of those respondents who needed care right away in a clinic, emergency room, or doctor's office: "In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

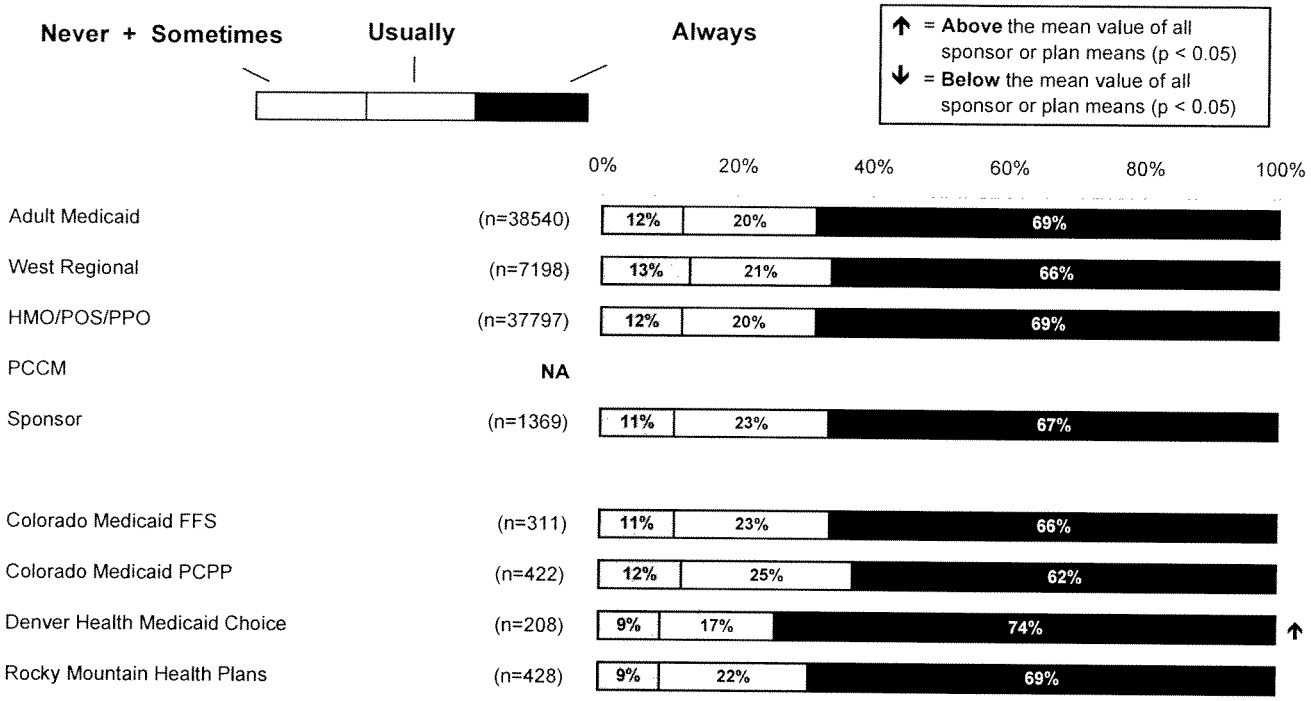
Q6. Of those respondents who made appointment at doctor's office:"In last 6 months, not counting the times you needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought you needed?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

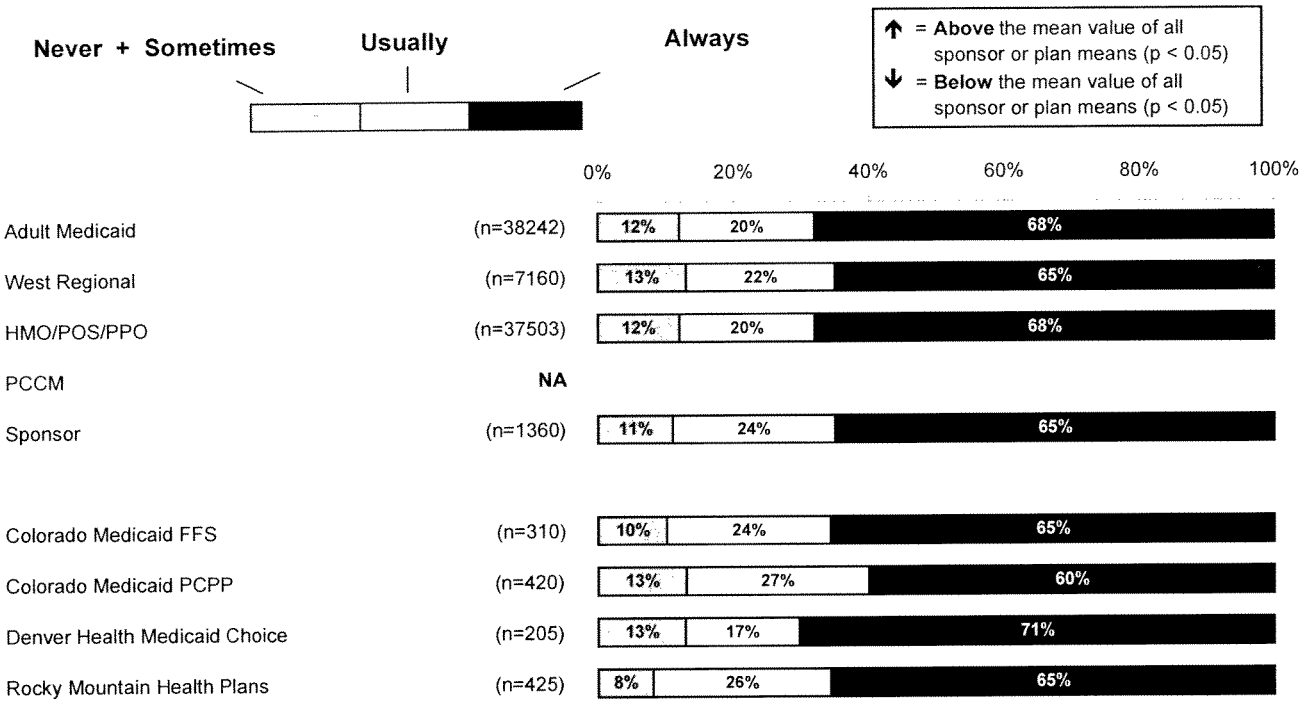
How Well Doctors Communicate

This chart displays the data for "How Well Doctors Communicate", an aggregate of survey questions 15, 16, 17 and 18. Results for the individual questions are displayed on each of the following pages.



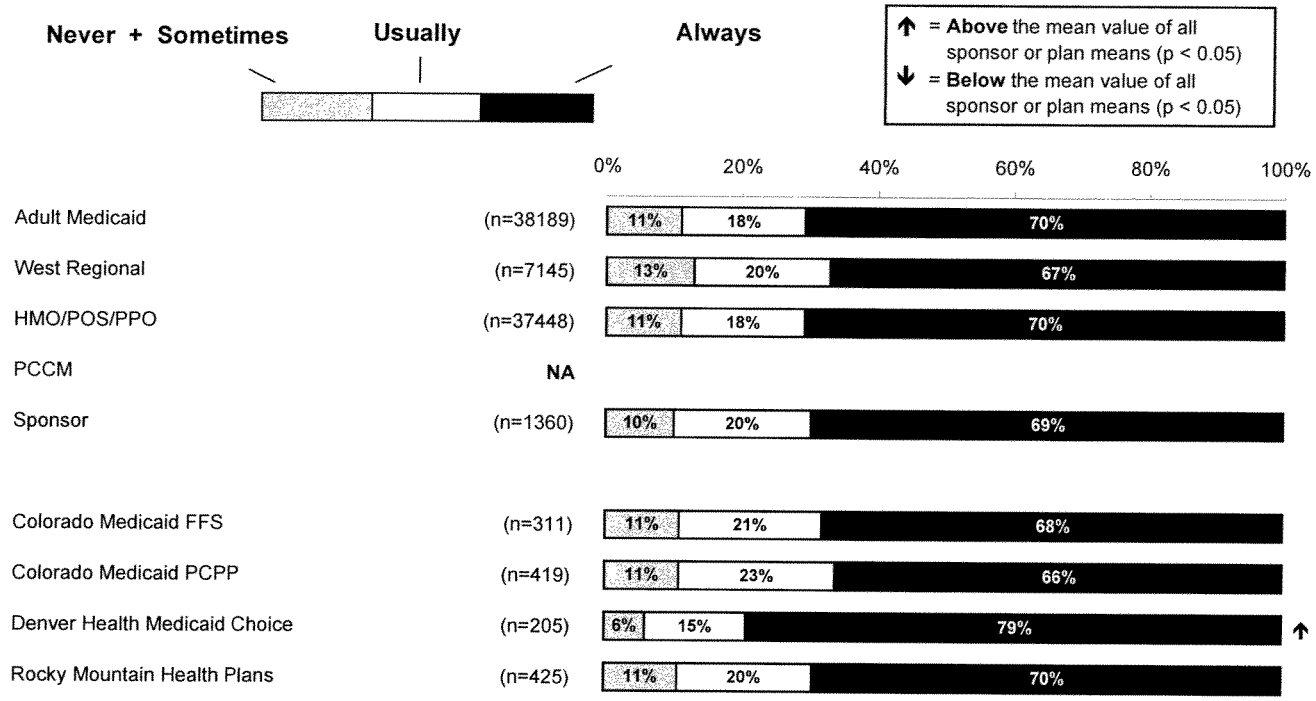
NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

Q15. Of those respondents who went to a personal doctor's office: "In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?"



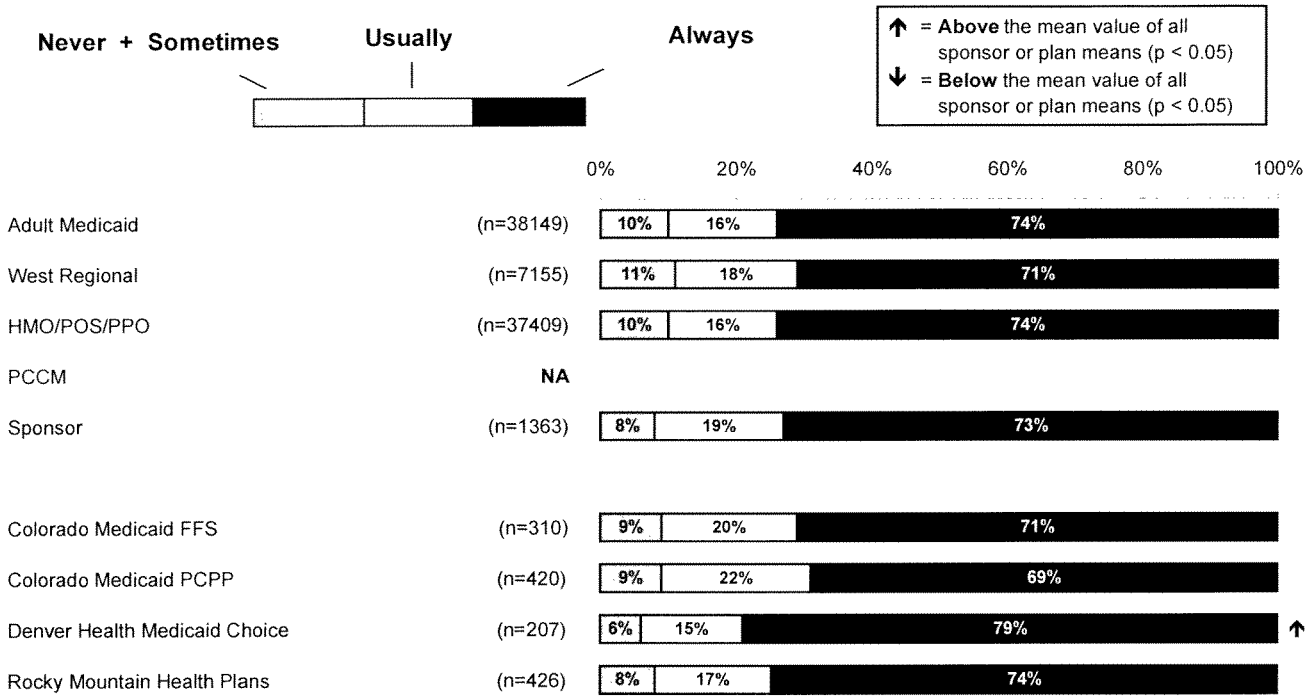
NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

Q16. Of those respondents who went to a personal doctor's office: "In the last 6 months, how often did your personal doctor listen carefully to you?"



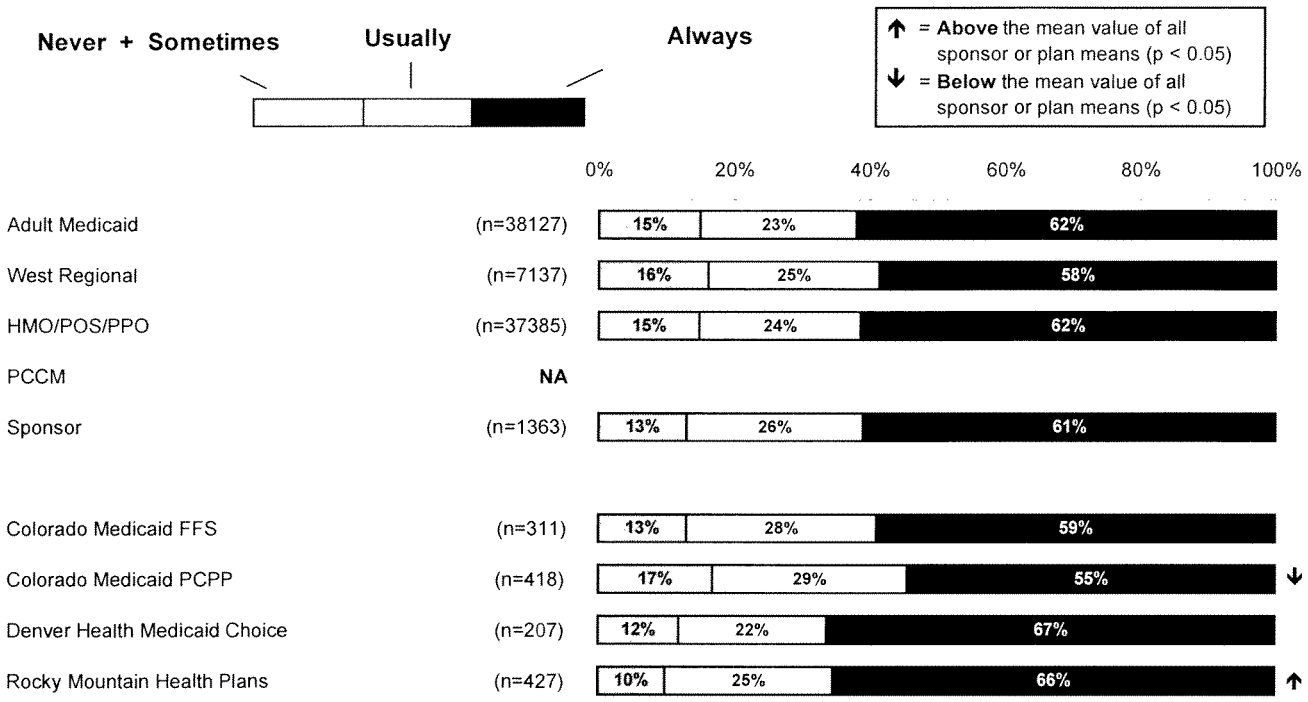
NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

Q17. Of those respondents who went to a personal doctor's office: "In the last 6 months, how often did your personal doctor show respect for what you had to say?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

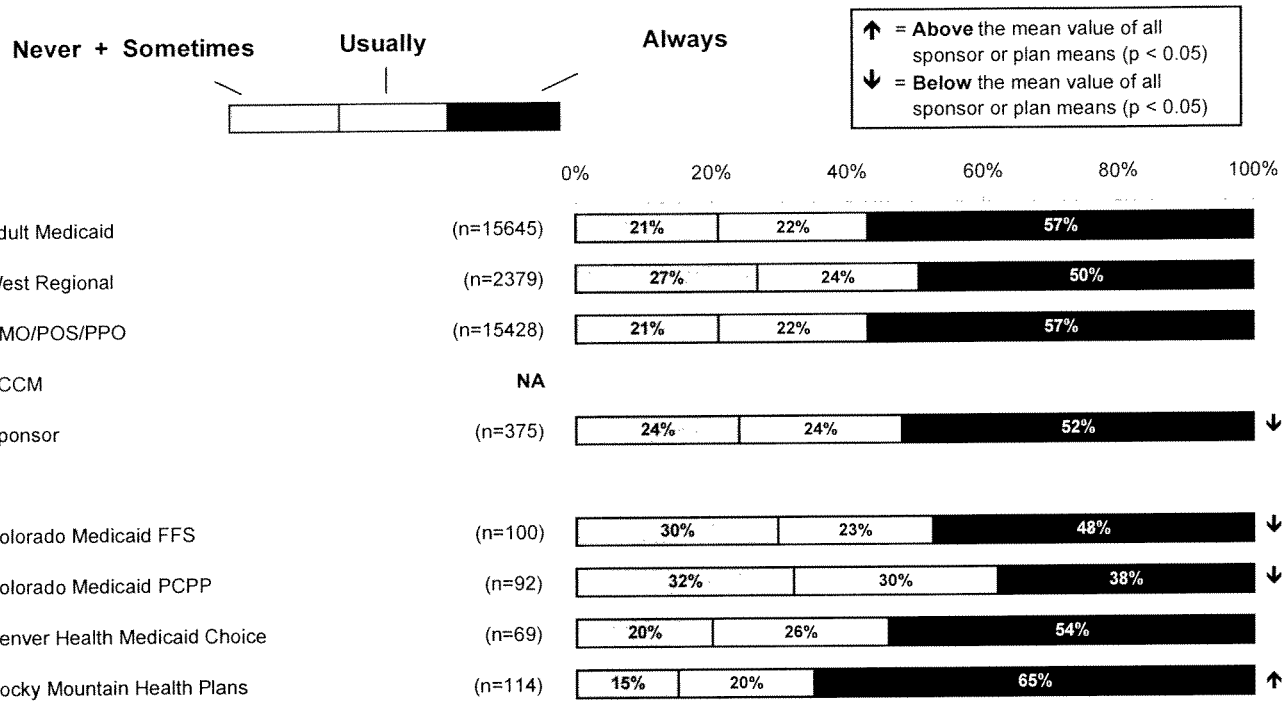
Q18. Of those respondents who went to a personal doctor's office: "In the last 6 months, how often did your personal doctor spend enough time with you?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

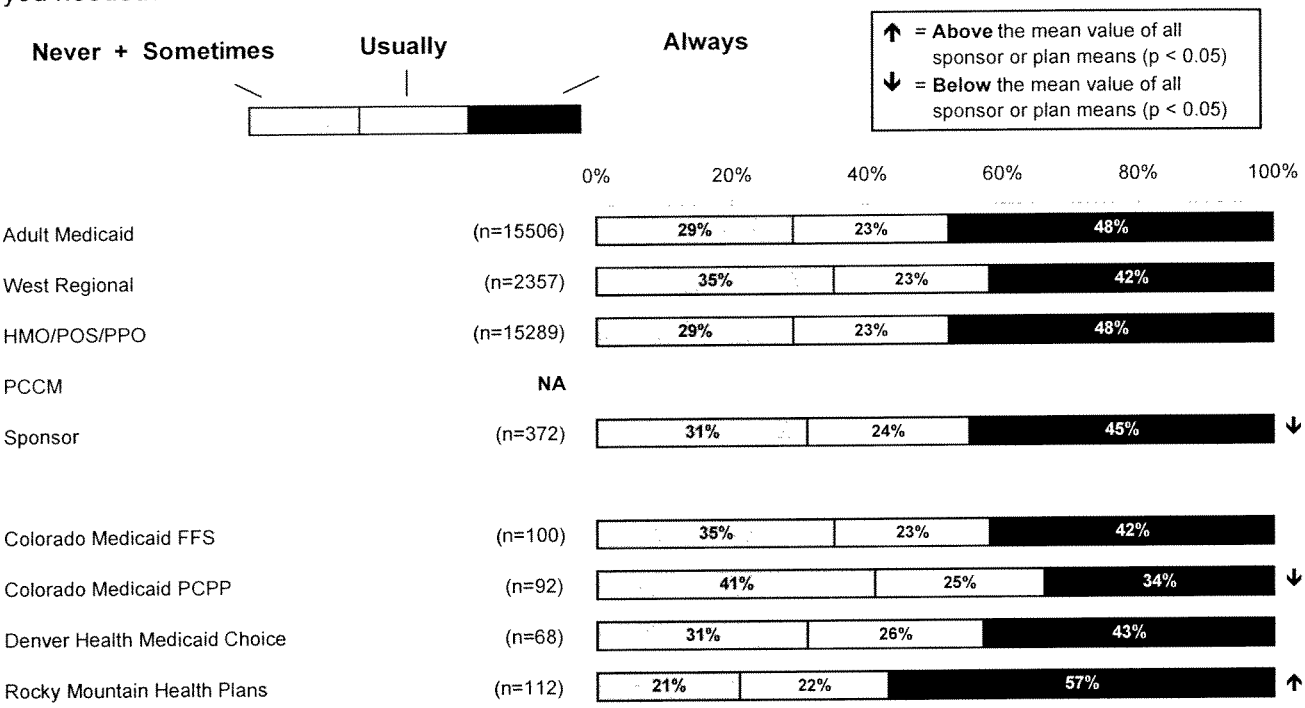
Health Plan Information & Customer Service

This chart displays the data for "Health Plan Information & Customer Service", an aggregate of survey questions 31 and 32. Results for the individual questions are displayed on each of the following pages.



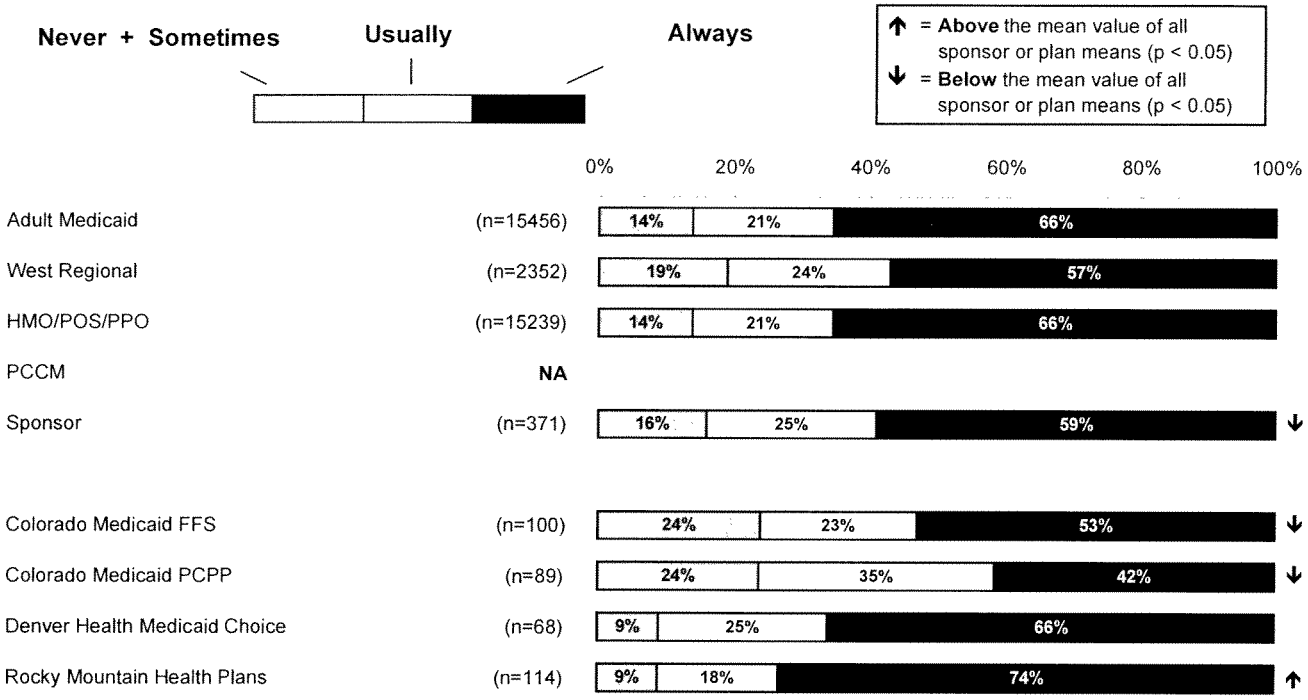
NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

Q31. Of those respondents who tried to get information or help from their health plan's customer service: "In the last 6 months, how often did your health plan's customer service give you the information or help you needed?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

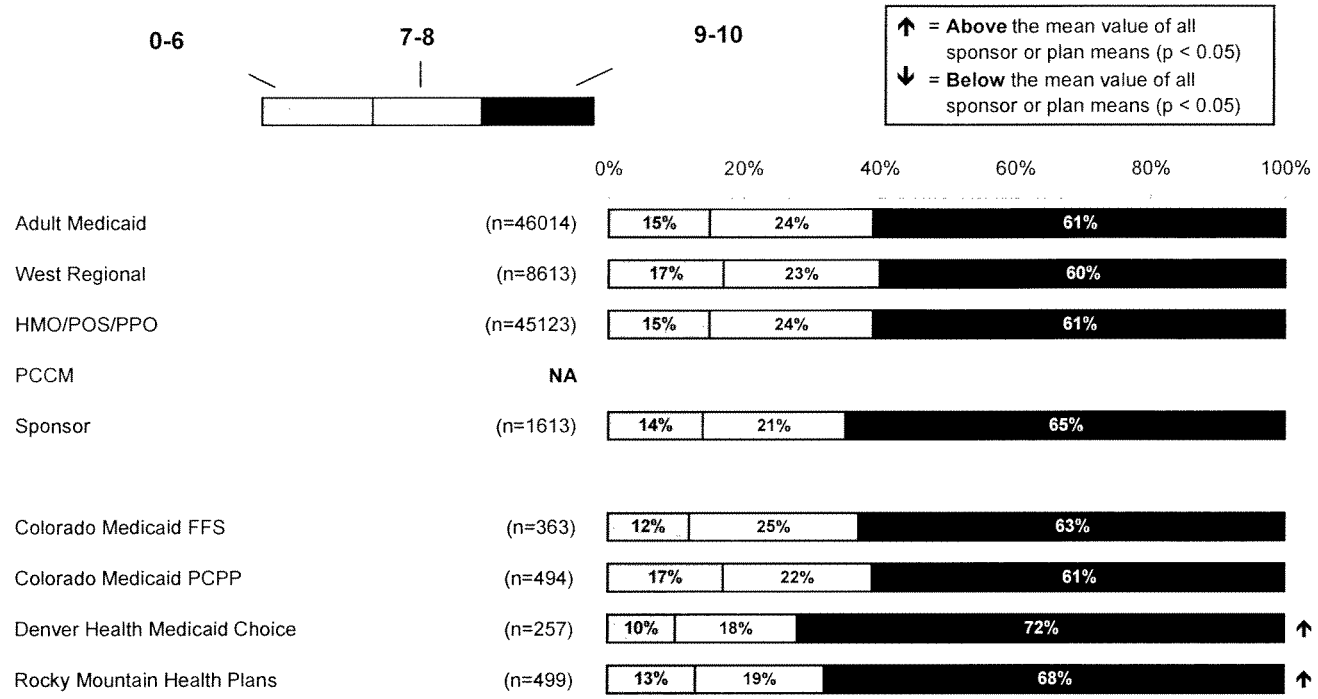
Q32. Of those respondents who tried to get information or help from their health plan's customer service: "In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

Overall Rating of Personal Doctor

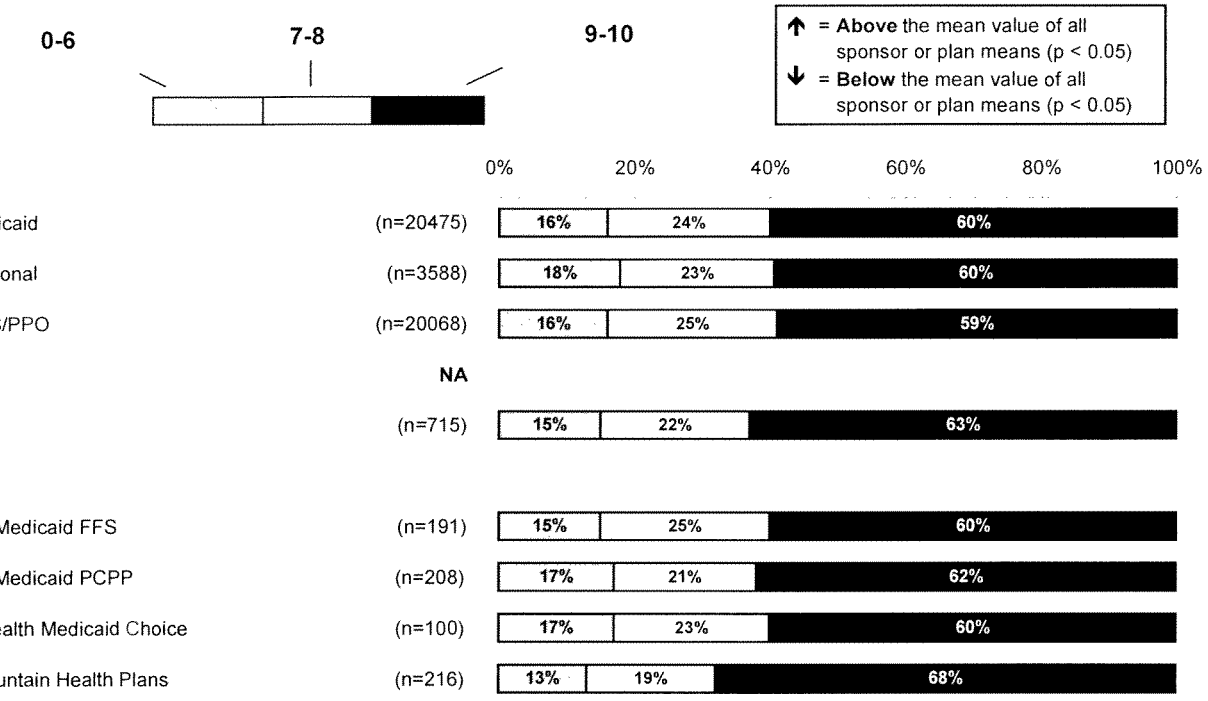
Q21. Of those respondents who reported having a personal doctor: "Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

Overall Rating of Specialists

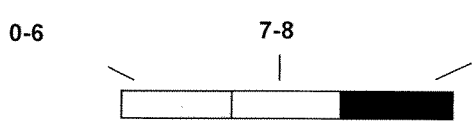
Q25. Of those respondents who reported seeing a specialist: "Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?"



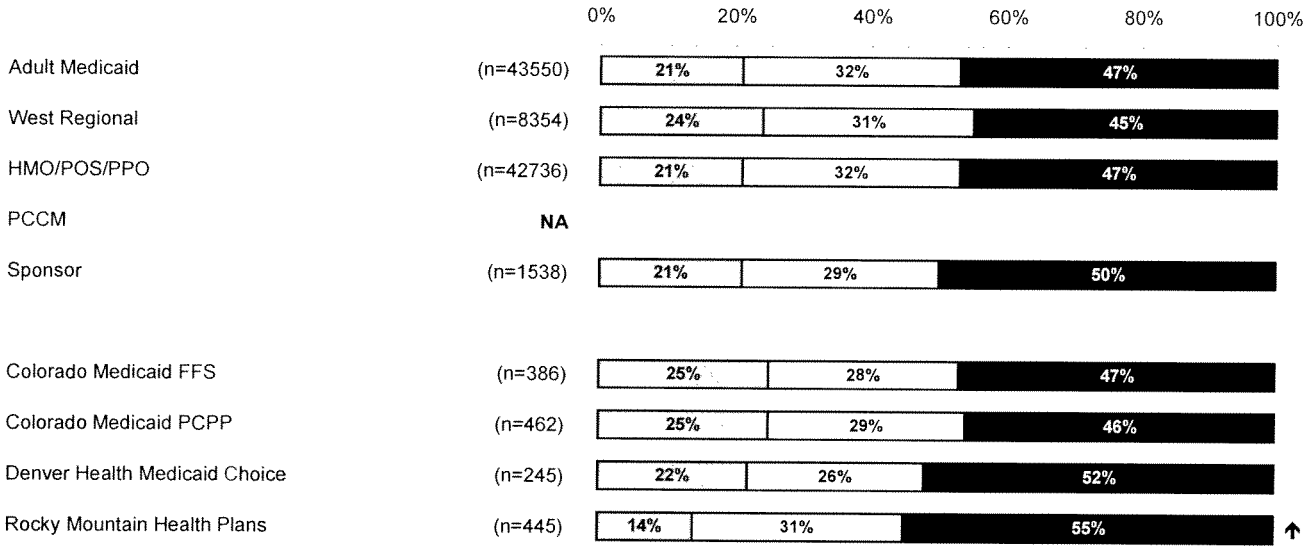
NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

Overall Rating of Health Care

Q12. Of those respondents who went to a doctor's office: "Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?"



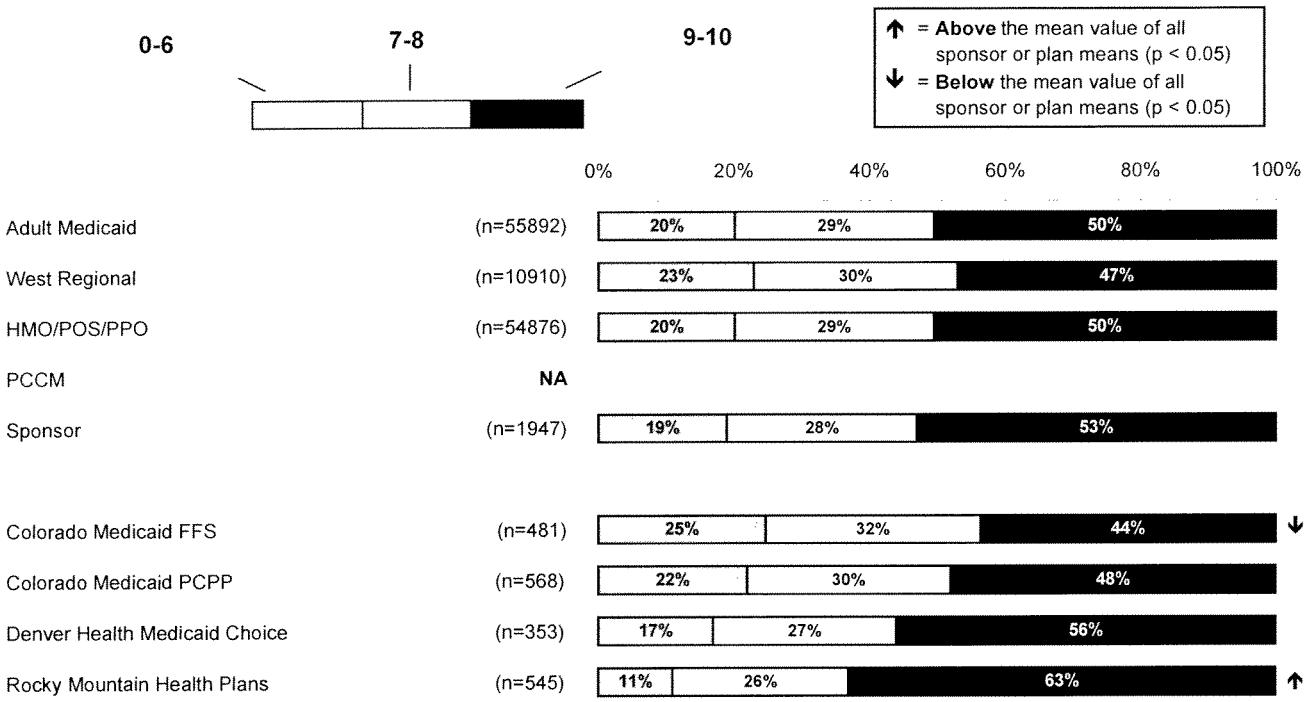
↑ = **Above** the mean value of all sponsor or plan means ($p < 0.05$)
↓ = **Below** the mean value of all sponsor or plan means ($p < 0.05$)



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

Overall Rating of Health Plan

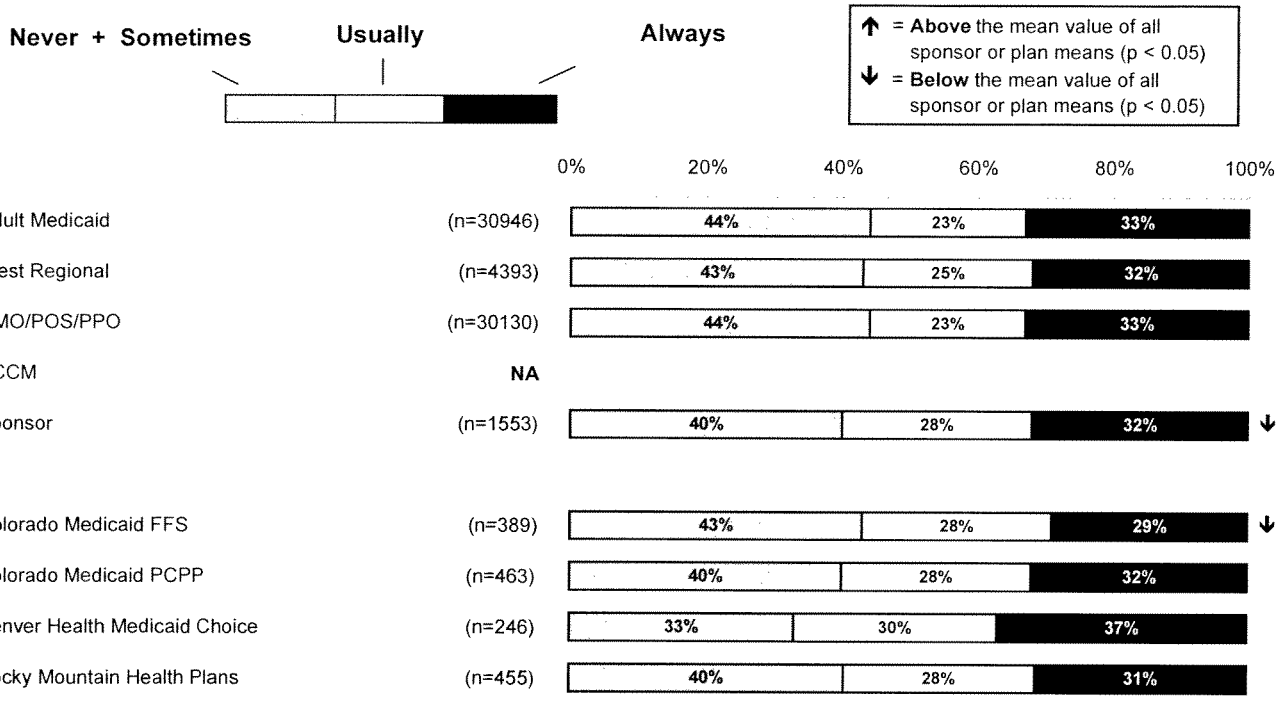
Q35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

HEDIS Survey Item

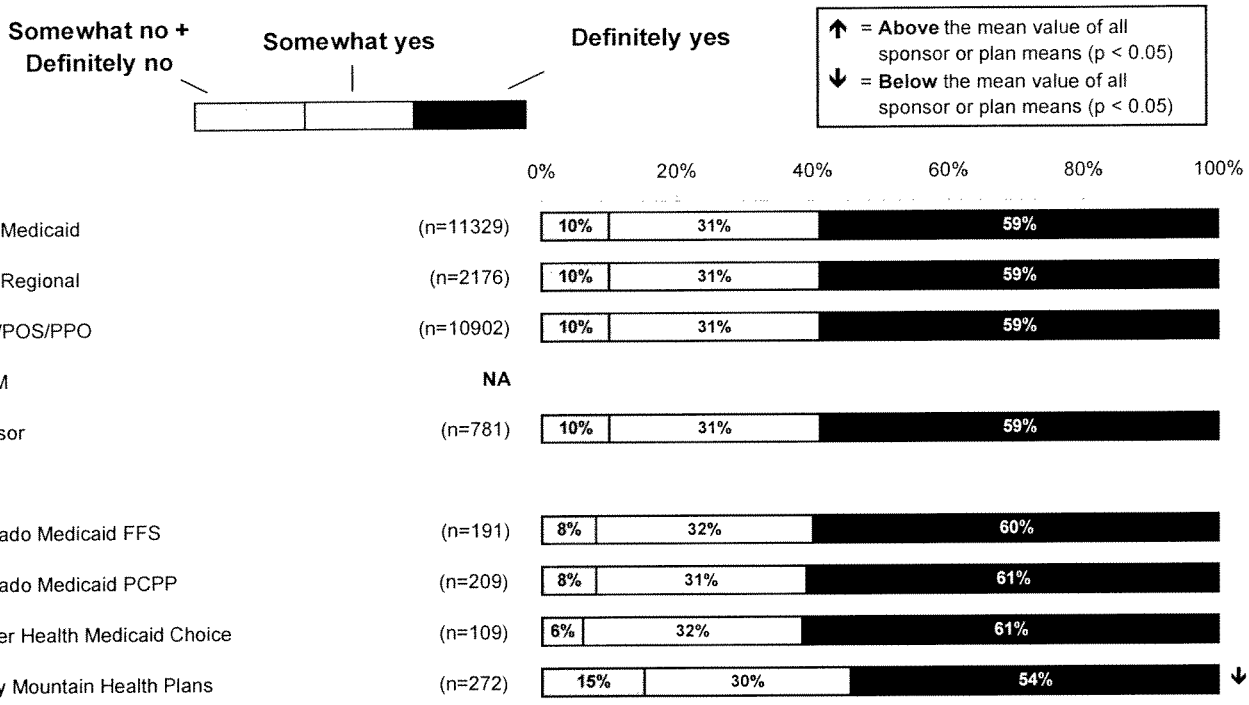
Q8. Of those respondents who went to the doctor's office or clinic: "In the last 6 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

HEDIS Survey Item

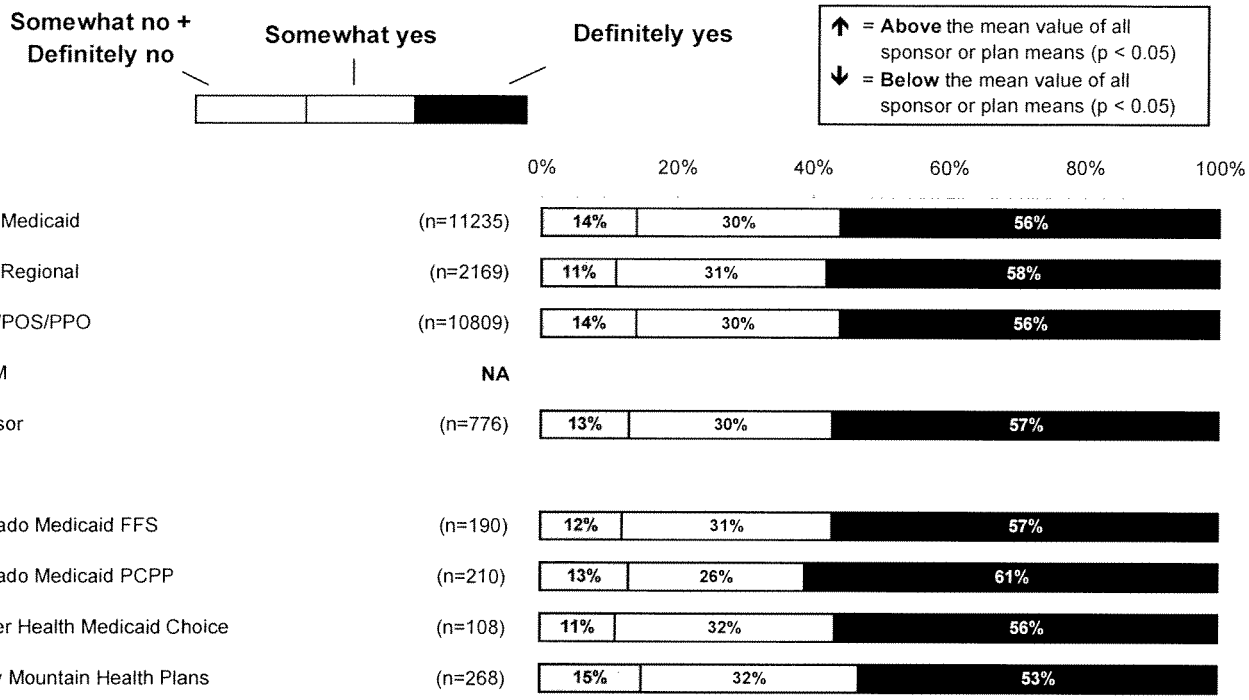
Q10. Of those respondents informed by their doctor/health provider about their treatment/ health care: "In the last 6 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

HEDIS Survey Item

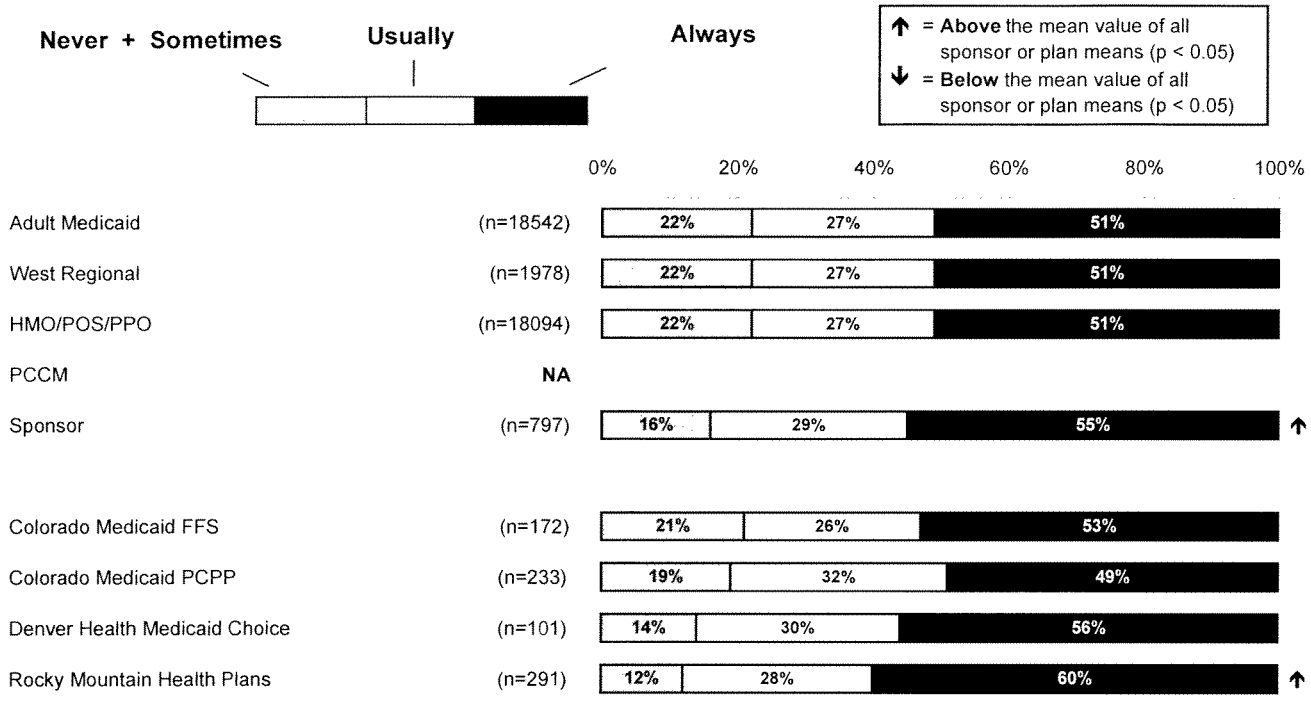
Q11. Of those respondents informed by their doctor/health provider about the treatment/health care choices: "When there was more than one choice for your treatment or health care did a doctor or other health provider ask which choice was best for you?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

HEDIS Survey Item

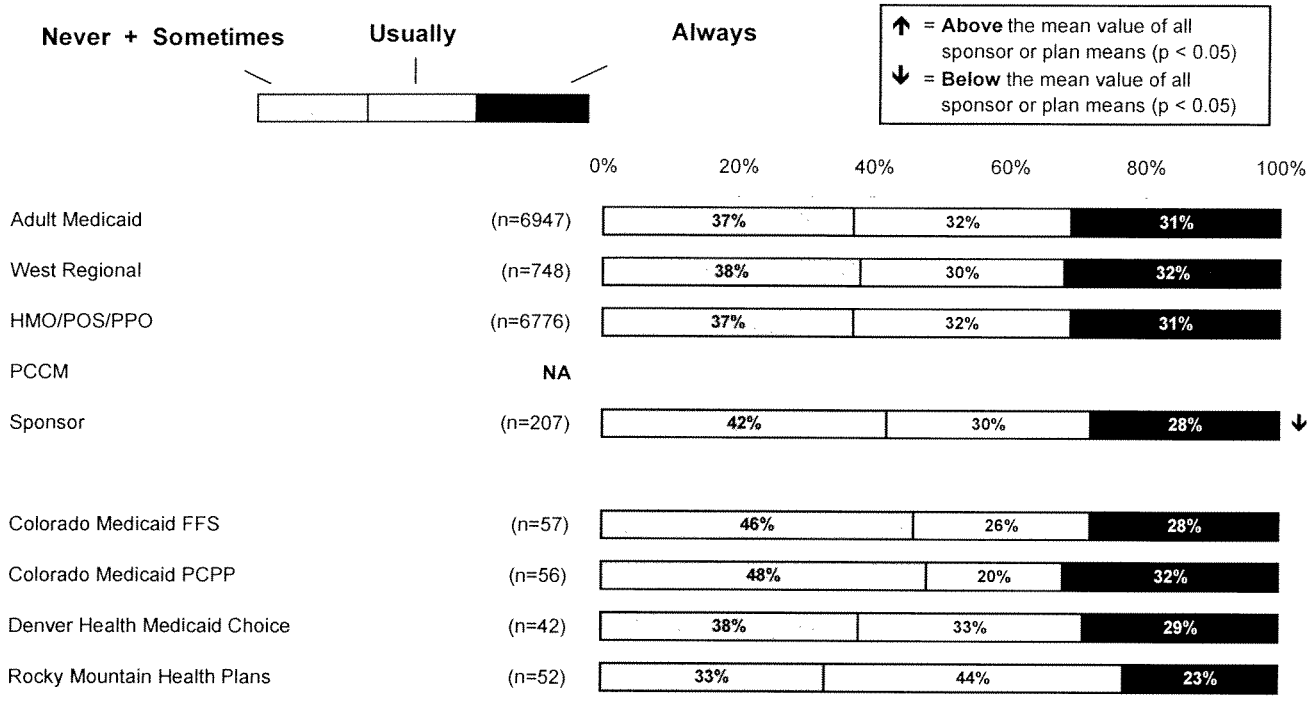
Q20. Of those respondents who got care from a doctor/health provider besides their personal doctor: "How often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

HEDIS Survey Item

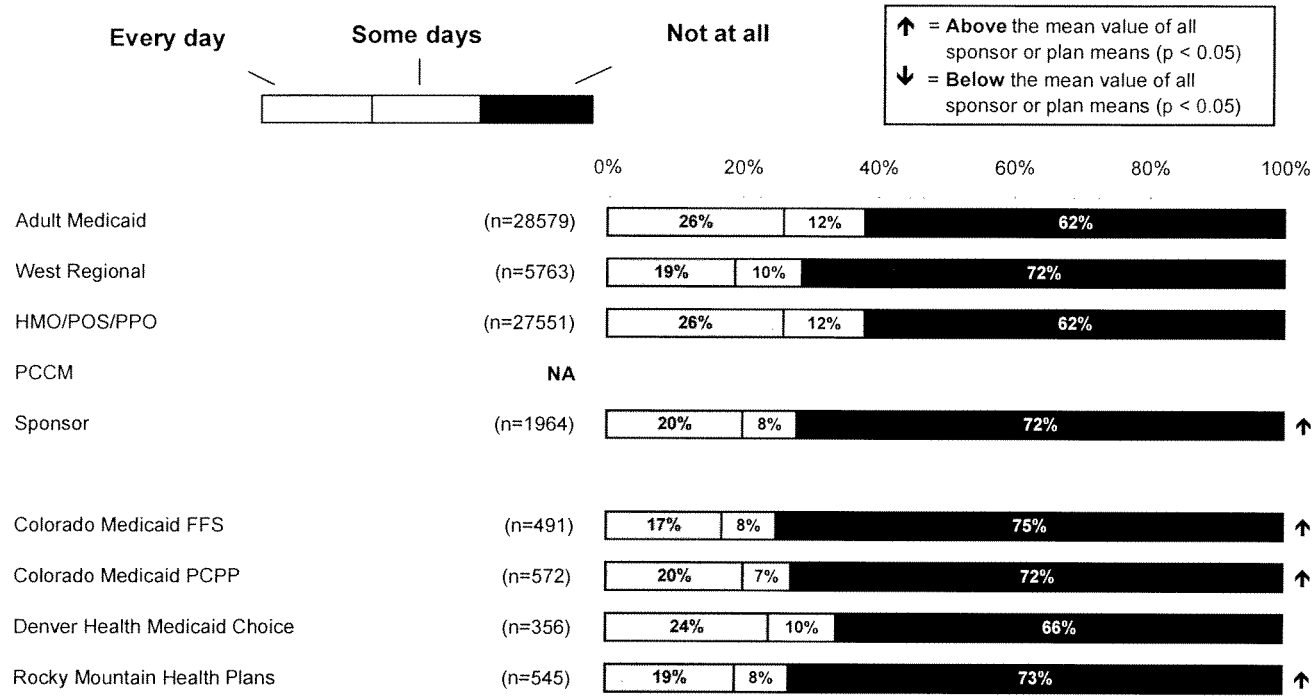
Q29. Of those respondents who looked for information about how their health plan works: "In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

HEDIS Survey Item

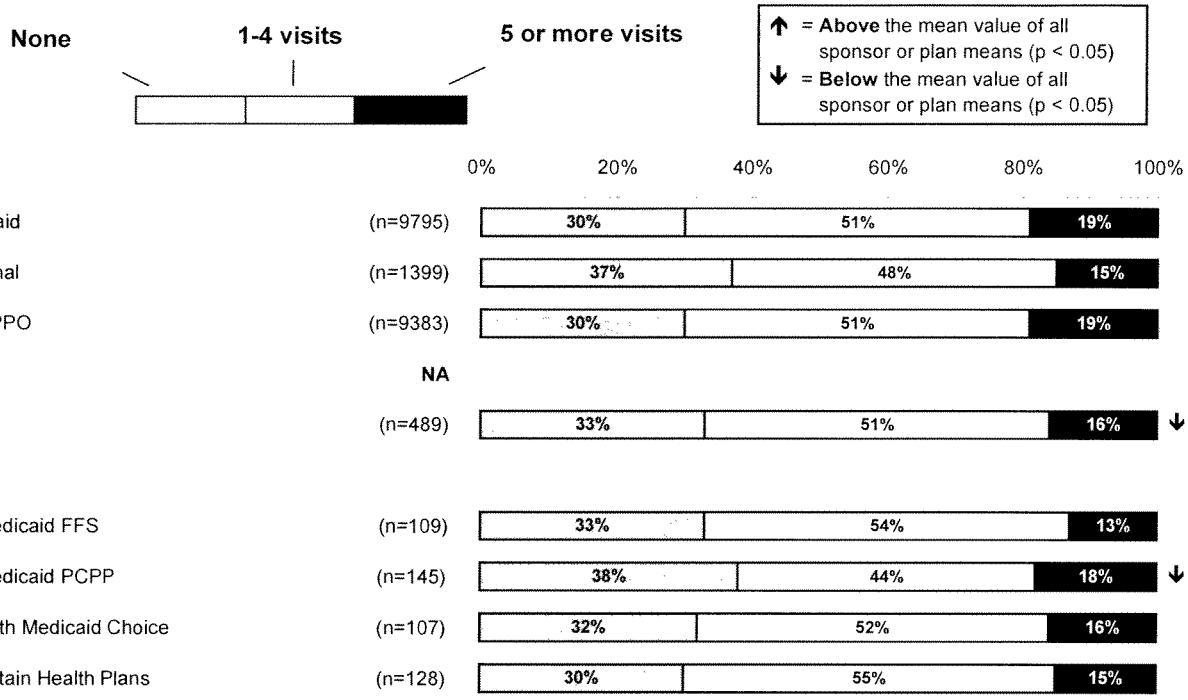
Q37. Do you now smoke cigarettes every day, some days, or not at all?



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

HEDIS Survey Item

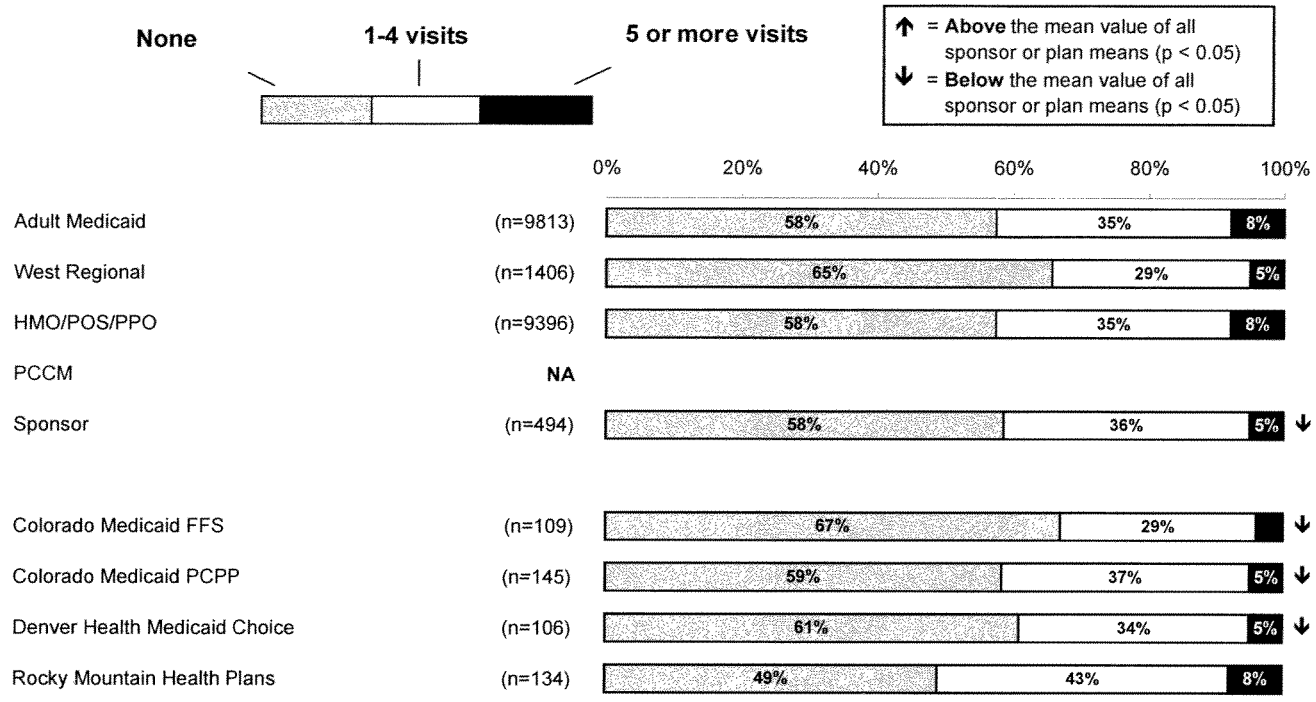
Q38. Of those respondents who smoke cigarettes every day or some days: "In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?"



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

HEDIS Survey Item

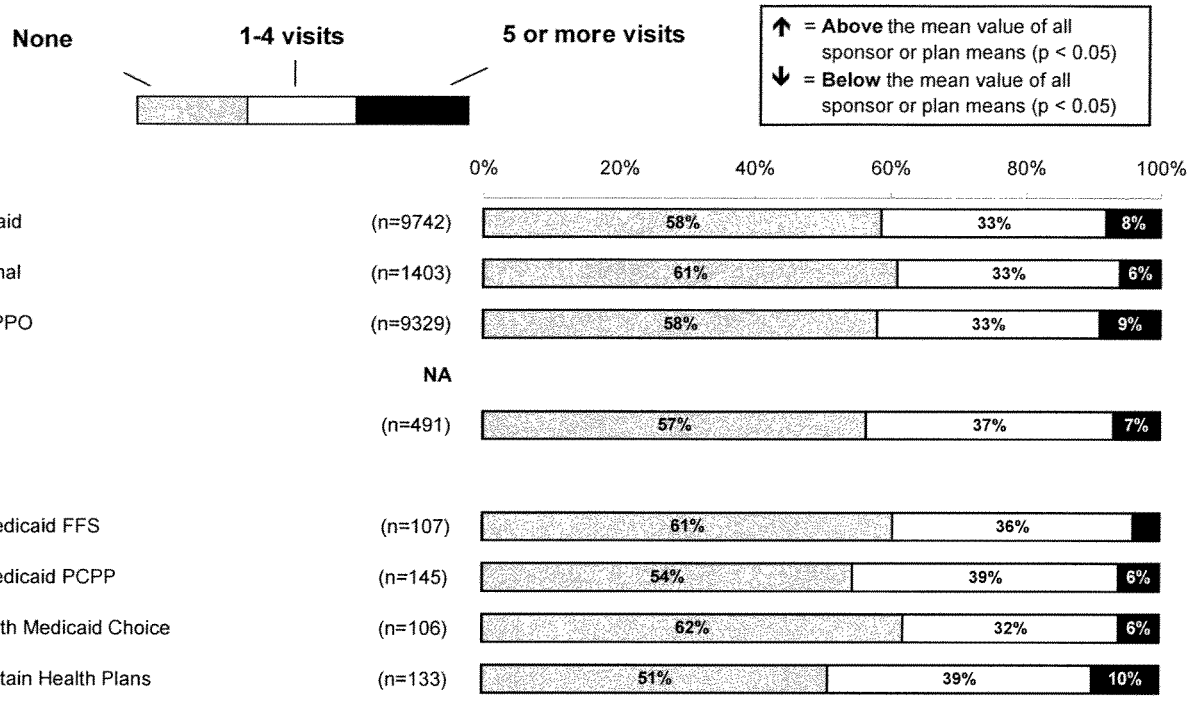
Q39. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

HEDIS Survey Item

Q40. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?



NOTE: The results shown above are case mix adjusted. Small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding. See the methodology section for more information about the scoring and case-mix methodology.

cahps®
National CAHPS
Benchmarking Database

2008 CAHPS Health Plan Survey

Adult Medicaid Sponsor Report

Section C: Background and Methodology

Prepared by Westat and Shaller Consulting

September 2008

The National CAHPS® Benchmarking Database (the CAHPS Database) is funded by the U.S. Agency for Healthcare Research and Quality and administered by Westat under Contract Number HHSA290200710024C. For more information, please visit the Web site (https://www.cahps.ahrq.gov) or contact the CAHPS User Network at 1-800-492-9261.

Table of Contents

Introduction

This report presents descriptive and methodological information pertaining to the 2008 CAHPS® 4.0 and 4.0H Health Plan surveys, conducted between October 2007 and June 2008. This document is one of three sections that comprise the 2008 CAHPS Health Plan Survey Sponsor Reports. Each section is described below:

- ***Section A: Results at a Glance:*** Presents two summary tables of comparative results, showing both statistically significant differences and percentile rankings of CAHPS Health Plan Survey (CAHPS-HP) sponsor results compared to benchmarks from the CAHPS Health Plan Survey Database.

- ***Section B: Results in Detail:*** Presents detailed results for survey items through a series of bar charts. This section begins with a list of CAHPS-HP participants in the 2008 CAHPS Health Plan Survey Database and two sponsor-specific tables showing a comparison of demographic and utilization characteristics of respondents.

- ***Section C: Background and Methodology:*** Presents overview information about CAHPS and the CAHPS Database, and includes guidelines for using reports, methodological information on consumer reports and consumer ratings (i.e., items included, calculations), response rate calculation, case mix adjustment, and significance testing for CAHPS-HP surveys.

Sections A and B are presented together in another document; Section C is presented within this report. Questions regarding this report or any aspect of the CAHPS Database can be directed by e-mail to NCBD1@ahrq.gov. Further information about the CAHPS Database is available through the Web site at: (https://www.cahps.ahrq.gov).

Background

About the CAHPS® Survey

CAHPS refers to a comprehensive and evolving family of surveys that ask consumers and patients to evaluate the interpersonal aspects of health care. The term "CAHPS" initially stood for the Consumer Assessment of Health Plans Study, but as the products have evolved beyond health plans, the acronym now stands for "Consumer Assessment of Healthcare Providers and Systems".

CAHPS surveys probe those aspects of care for which consumers and patients are the best and/or only source of information, as well as those that consumers and patients have identified as being important. By responding to a standardized set of questions administered through a mail or telephone questionnaire, consumers report on their experiences and rate their health plans, hospitals and providers in several areas. CAHPS surveys are administered to a random sample of consumers or patients by independent survey vendors following standardized procedures.

The development of CAHPS has been and continues to be a collaborative effort of public and private research organizations. The CAHPS program is funded and managed by the Agency for Healthcare Research and Quality (AHRQ; see www.ahrq.gov). AHRQ works closely with the Centers for Medicare and Medicaid Services (CMS; see www.cms.gov), which has been a major partner in this initiative since 1996. Both of these agencies are part of the U.S. Department of Health and Human Services.

The CAHPS Health Plan surveys are designed for use with all types of health insurance enrollees (Commercial, Medicaid, and Medicare) and across the full range of health care delivery systems from fee-for-service to managed care plans. A core survey questionnaire is available for adults concerning their own experiences and for parents concerning the experiences of their children. Supplemental questions have been developed as modules for people with chronic conditions and special health care needs.

AHRQ provides the CAHPS Health Plan Survey and Reporting Kit to all interested users through the CAHPS User Network. The Kit provides everything required to field the survey and report the results and includes survey questionnaires, a data analysis program and report templates. Further information and technical assistance are also available from the User Network, which can be reached through www.cahps.ahrq.gov or through the helpline at 1-800-492-9261.

About the CAHPS Database

The National CAHPS Benchmarking Database (the CAHPS Database) is the national repository for data from the CAHPS family of surveys. The primary purpose of the CAHPS Database is to facilitate comparisons of CAHPS survey results by and among survey sponsors. This voluntary compilation of survey results from a large pool of sponsors into a single national database enables participants to compare their own results to relevant benchmarks (i.e., reference points such as national and regional averages). The CAHPS Database also offers an important source of primary data for research related to consumer assessments of quality as measured by CAHPS surveys.

The CAHPS Database consists of three major components, each with its own line of products and services:

- ***CAHPS Health Plan Survey Database:*** This database currently contains 10 years of data from over 3.2 million respondents sampled from enrollees in commercial, Medicaid, State Children's Health Insurance Program (SCHIP), and Medicare Managed Care health plans. Major products supporting benchmarking and research related to the CAHPS Health Plan Survey include:

  Sponsor Reports: Each fall, participating Medicaid and SCHIP sponsors receive a free, customized report comparing their results to appropriate national benchmarks, including national and regional distributions.

  Annual Chartbooks: These reports published each fall, present cross-sector comparisons of CAHPS Health Plan Survey results for commercial (adult and child), Medicaid (adult and child), SCHIP (child), and Medicare (adult) populations.

  Research Files: The CAHPS Database aggregates respondent-level data files across sponsors and health plans for the commercial, Medicaid, and SCHIP populations. Researchers may gain authorized access to data needed to help answer important health services research questions related to consumer assessments of quality.

- ***CAHPS Hospital Survey (H-CAHPS) Database:*** This database currently contains 3 years of data from 2005 - 2007 contributed by over 2,300 hospitals. Products include a series of Chartbooks presenting summary-level H-CAHPS survey results by selected hospital characteristics, such as bed size, region, teaching status, and ownership. Participants receive detailed Excel data files of the Chartbook tables and charts, which enable hospitals and vendors to make direct comparisons to their own results, as well as percentile scores adjusted for mode of survey administration and patient case-mix. The H-CAHPS data contributed by participating hospitals and vendors are also made available for authorized research purposes.

- ***CAHPS Clinician & Group Survey Database:*** This database is currently under development as survey sponsors begin to implement the new CAHPS Clinician & Group Survey, which was endorsed by the National Quality Forum in July 2007. Anticipated products include annual Chartbook and research files.

In addition, the CAHPS Database provides national data used by policymakers and others through such publications as the AHRQ *National Healthcare Quality and Disparities Reports*. The CAHPS Database also provides customized support and technical assistance to survey sponsors as time and resources permit.

Administration of the CAHPS Database

The CAHPS Database is sponsored and funded by the Agency for Healthcare Research and Quality (AHRQ) and administered by Westat. Oversight and direction for the project are provided by an Advisory Group composed of representatives of survey sponsors from the public and private sectors as well as members of the CAHPS Consortium. Further information about the CAHPS Database is available through the Web site at (https://www.cahps.ahrq.gov)

Use of the CAHPS Database for Benchmarking

A central purpose of the CAHPS Database is to facilitate comparisons of CAHPS survey results by survey sponsors. By compiling CAHPS survey results from a variety of sponsors into a single national database, the CAHPS Database enables purchasers and plans to compare their own results to relevant national benchmarks, in order to identify performance strengths as well as opportunities for improvement.

Survey sponsors participate in the CAHPS Database by submitting their CAHPS survey data according to specified guidelines. In return, sponsors receive a customized Sponsor Report that compares their own results to appropriate benchmarks derived from the CAHPS Database. Comparative data include national, regional and product type distributions of the CAHPS results. Sponsors also receive a quarterly electronic newsletter with updates and sponsor profiles, as well as opportunities to interact with other participants through User Group activities.

Use of the CAHPS Database for Research

Researchers may gain authorized access to data from the CAHPS Database to help answer important health services research questions related to consumer assessments of quality as measured by CAHPS. CAHPS data are available for researchers who submit an application and sign a data release agreement that ensures the confidentiality of the data. A description of the data application process and a list of current research projects are included on the Web site (https://www.cahps.ahrq.gov).

CAHPS Database Chartbook

In 2001, staff from the CAHPS Database produced an annual report that included cross-sector comparisons of CAHPS survey results for the current year's data between the Commercial (adult and child), Medicaid (adult and child) and Medicare populations. In 2002, the annual report was replaced with a Chartbook that Sponsors can use to assess plan performance and identify opportunities for improvement by comparing their survey results to national distributions. The annual Chartbook provides comparative data to Sponsors in a rapid timeframe (early fall) and is posted on the Web site (https://www.cahps.ahrq.gov).

Custom Analyses and Reports

In addition to customized Sponsor Reports and the annual Chartbook, CAHPS Database staff is available to conduct specialized data analyses and reports upon request. All analyses and reports will adhere to data policies regarding confidentiality of respondents, plans and sponsors.

Guidelines for Using Sponsor Reports

The Advisory Group has adopted the following principles to guide participating sponsors in their use of Sponsor Reports from the CAHPS Database:

1. Health plan and sponsor comparisons to national distributions and benchmarks are intended to support efforts to improve health plan performance, care delivery and health care purchasing strategies.

2. Participating sponsors are encouraged to use comparative data from the CAHPS Database to identify areas for focusing improvement efforts and for demonstrating accountability. For example,

   - Sponsors can develop improvement plans and targets based on differences that show possible areas for improvement.

   - Sponsors can document areas in which performance is high relative to CAHPS Database distributions and benchmarks in order to reward excellence and create incentives for continued improvement.

3. Comparative data from the CAHPS Database are not designated for advertising purposes. Health plan sponsors choosing to use results from their Sponsor Reports in paid advertising or promotions are encouraged to follow the guidelines for advertising developed by the National Committee for Quality Assurance (available through the NCQA Web site located at: www.ncqa.org).

4. Participating sponsors should include the following statement when using data or information provided in Sponsor Reports in any publication:

   "The source for comparative CAHPS® survey data used in this publication is the National CAHPS Benchmarking Database (CAHPS Database). Any analysis, interpretation, or conclusion based on these data is solely that of the authors. The CAHPS Database is a collaborative initiative of Westat and Shaller Consulting, with funding provided by the U.S. Agency for Healthcare Research and Quality."

For assistance with using CAHPS data for quality improvement and value purchasing, call the CAHPS User Network helpline at 1-800-492-9261 or email cahps1@ahrq.gov.

Report Methodology

Sponsor Reports follow CAHPS consumer reporting methods and summarize the survey results using four consumer reports of their experiences with care and four consumer ratings of their experiences with care. Both types of results are described in detail below.

Consumers' Reports of Their Experiences with Care

CAHPS Health Plan Survey was designed to move beyond satisfaction scores (a function of expectations) to more accurate assessments based on "reports" of the consumer experience. Much investigation went into the design of questions that capture consumer experiences with high quality care. Most of the CAHPS Health Plan Survey questions ask respondents to report on their experiences with different aspects of their care. These reporting questions are combined into groups that address the same aspect of care or service to arrive at a broader assessment. CAHPS reporting questions fall into four major reports, or "composites," that summarize consumer experiences in the following areas:

- getting needed care;
- getting care quickly;
- doctors who communicate well;
- health plan information & customer service.

The exact questions and responses for each consumer report are presented in the table below:

4.0H Adult Medicaid Reports and Items		Response Grouping for Presentation
Getting Needed Care		
Q23	In the last 6 months, how often was it easy to get appointments with specialists?	Never, Sometimes, Usually, Always
Q27	In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?	Never, Sometimes, Usually, Always
Getting Care Quickly		
Q4	In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?	Never, Sometimes, Usually, Always
Q6	In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate		
Q15	In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
Q16	In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
Q17	In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
Q18	In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always

Health Plan Information & Customer Service		
Q31	In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
Q32	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always

Note: Question numbers correspond to the CAHPS 4.0H Adult Medicaid mail survey

Weighting Items Within a Consumer Report

Each item of a consumer report is given equal weight in calculating the composite results for CAHPS. Computationally, this implies calculating the mean of each item within the plan and then taking an unweighted distribution of the item means to obtain the composite mean. Equal weighting follows from the fact that there is no evidence to suggest that any item is more important than another. For example, the number of members who have a personal doctor is likely to be larger than the number of members who receive care from a specialist. Therefore, survey results will likely include more responses for a question related to personal doctor than for one about a specialist. Despite this difference, the item about specialty care is included in the consumer report or composite with equal weighting because it is regarded as potentially important to every member. Another advantage of equal weighting is that the weights are consistent from year to year, as well as across plans within the same year.

Consumers' Ratings of Their Experiences with Care

CAHPS collects four separate global ratings to distinguish between important aspects of care. The four questions ask plan enrollees to rate their experiences in the past 6 months with:

- their personal doctor ;
- the specialist they saw most often;
- health care received from all doctors and other health providers; and
- their health plan.

Ratings are scored on a 0 to 10 scale, where 0 is the "worst possible" and 10 is the "best possible." The ratings are analyzed and presented in the three-category display used in the CAHPS consumer reports: the percentage of consumers who gave a rating of either 0-6, 7-8, or 9-10. This three-part scale is used because testing by the CAHPS team determined that these cut-points improve the ability to discriminate among plans while simplifying the presentation of results. The exact questions and responses are presented in the table on page C-7.

	4.0H Adult Consumer Ratings	Response Grouping for Presentation
	Overall Rating of Personal Doctor	
Q21	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	0-6, 7-8, 9-10
	Overall Rating of Specialists	
Q25	We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?	0-6, 7-8, 9-10
	Overall Rating of Health Care	
Q12	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0-6, 7-8, 9-10
	Overall Rating of Health Plan	
Q35	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0-6, 7-8, 9-10

Note: Question numbers correspond to the CAHPS 4.0H Adult Medicaid mail survey

Sampling Methodology

The CAHPS sampling recommendation is to achieve a minimum of 300 completed responses per plan, with a 50 percent response rate. If there are multiple plans in a sponsor's portfolio, the recommendation is to draw equal sample sizes from each of the plans, regardless of the size of the plan membership, so as to achieve 300 completed responses. And the plan samples are not adjusted for unequal probabilities of selection. This logic stems from the principle that the precision of the estimates depends primarily on the size of the sample and not on the size of the population from which it is drawn. Therefore, the given sample size will give the same precision for means or rates regardless of the overall size of the population.

Response Rate Calculation

In its simplest form, the response rate is the total number of completed questionnaires divided by the total number of respondents selected. Following CAHPS guidelines, the CAHPS Database adjusts response rates according to the following formula:

$$\frac{\text{Number of completed returned questionnaires}}{\text{Total number of respondents selected} - (\text{deceased} + \text{ineligible})}$$

In calculating the response rate, the CAHPS Database does not exclude respondents who refused, had bad addresses or phone numbers or were institutionalized or incompetent. The tables below present definitions for the categories included and excluded in the response rate calculation.

Numerator Definitions	
Inclusions	**Exclusions**
Completed questionnaires - A questionnaire is considered complete if it was coded as complete by the sponsor and has at least one question completed. (For Sponsors that submitted to NCQA and the CAHPS Database, the CAHPS Database will include those records marked with a disposition of M10, T10, or I10 – completed by mail, telephone, or internet, respectively).	Surveys not marked with a disposition of M10, T10 or I10 will be excluded, even if the survey is complete.

Denominator Definitions	
Inclusions	**Exclusions**
♦ **Refusals**. The sample member refused in writing, or refused to be interviewed. ♦ **Nonresponse**. The sample member was always unavailable and is presumed to be eligible. ♦ **Institutionalized or incompetent respondents**. The caregiver or guardian received the survey or was contacted by phone, and the sample member was institutionalized or incompetent and could not be contacted directly. ♦ **Bad addresses/phone numbers**. The sample member was never located and is considered "nonlocatable" and included in the denominator.	♦ **Deceased**. Deceased sample members are excluded from the denominator. In some cases a household or family member may have provided information about the death of the sample member. ♦ **Ineligible - not enrolled in the plan**. The sample member disenrolled from the plan, was never in the plan, or was enrolled in the plan for less than 6 months.

Case Mix Adjustment

Several methodological problems complicate the measurement and reporting of health care data, particularly when reports draw comparisons among health plans, as is the case in this report. Among these challenges is the need to adjust appropriately for case-mix differences. Case mix refers to the proportion of enrollees with serious health conditions and other demographic characteristics that have been demonstrated to affect respondents' reports and ratings of the quality of care received. Case-mix takes into account enrollee characteristics that are not under the control of the plan but may affect measures of outcomes or processes, such as demographic and social characteristics or health status.

Many of the CAHPS questions ask about aspects of access or processes of care that should not vary by enrollee characteristics. Therefore, case-mix adjustment may be less important for CAHPS data than for outcomes of care, which are known to be influenced by enrollee characteristics in a way that is independent of plan performance. Nonetheless, there are at least

two reasons why case-mix adjustment might still be necessary. First, there are certain processes that one would expect to vary according to the characteristics of enrollees. For example, one CAHPS question is "how often did your health plan's customer service give you the information or help you needed?" Although it is desirable to communicate clearly with all enrollees, it probably is harder to do so with enrollees who have less education than with other enrollees.

Second, enrollee characteristics might influence the response to questions, even if the process of care is the same for different enrollees. For example, individuals' expectations might strongly influence their response to questions asking for evaluations, such as "how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?" If an enrollee has very low expectations for the quality of care, he or she might be very satisfied with poor quality. Also, certain types of enrollees may have a general tendency to give positive ratings or have biases that are not associated with the quality of care. For example, some groups of enrollees may generally have more trust and confidence in authority figures and institutions, even if there are no differences in their care.

In this report, consumer reports and ratings results were case mix adjusted but item level data and frequencies were not case mix adjusted. Mean scores for composite and ratings measures were adjusted using a linear regression model. The case mix adjustment model included plans members' age, self-reported health status, and education. These variables were entered into the adjustment model as ordered categories. The resulting case-mix adjusted means were tested for significance as described in the next section.

Testing for Statistical Differences

The Sponsor Reports test for statistically significant differences between mean consumer report scores and ratings of individual health plans and the mean of all plan means in the CAHPS Database using the t-test. A significance level of 0.05 or less is considered statistically significant. As described in the previous sections, the mean scores are adjusted for case-mix differences before the statistical tests are applied.

To compute the means, reports and rating responses are grouped into three categories and assigned a score of 1, 2 or 3. Then, significance tests for both the reports and ratings are conducted on the mean scores. Individual plan results that differ significantly from the overall mean are denoted by arrows, either pointing up (significantly higher than the overall mean) or down (significantly lower than the overall mean).

Readers should note that sample size affects significance testing in at least two important ways. First, due to the large sample sizes in the CAHPS Database, not all statistically significant differences may reflect meaningful differences in plan performance. For example, consider the following data:

Composite: Customer Service
Plan A - 54.2%
CAHPS Database - 56.4%

Because of the large sample size for the CAHPS Database, it is possible for Plan A to be statistically below the CAHPS Database distribution. However, purchasers and consumers may not consider a difference of 2.2 percentage points to be an important or meaningful difference in performance.

Second, differences in sample size among health plans may mean that two plans with an identical result, but different sample sizes, may produce different results on the statistical significance tests. This is because smaller sample sizes at the plan level yield less precise measures of performance and may be insufficient to achieve statistical significance. Therefore, readers should take sample size into account when interpreting the results of statistical tests. Please refer to the CAHPS Survey and Reporting Kit for more information on substantive or practical significance.

Finally, note that this method of determining statistical differences does not translate into plan-to-plan comparisons. For example, if one plan has an up arrow on a particular item and another plan has no arrow for that item, it does not necessarily mean that the first plan's result is significantly higher than the second because both results were compared to the overall mean.

The CAHPS Health Plan Survey Database Compared to NCQA Quality Compass®

While the CAHPS Database is the national repository for CAHPS Health Plan Survey results, the National Committee for Quality Assurance (NCQA) also collects CAHPS results from health plans. NCQA is an independent, non-profit organization that evaluates and reports on the quality of the nations managed care organizations. NCQA evaluates health care through Accreditation (a rigorous on-site review of key clinical and administrative processes) and through the Health Plan Employer Data and Information Set (HEDIS® -- a tool used to measure performance in key areas like immunization and mammography screening rates).

Before the development of CAHPS, NCQA collected plan satisfaction data using a HEDIS Member Satisfaction Survey. In 1998, NCQA worked with AHRQ to develop CAHPS 2.0H, a version of the survey with a specified protocol for managed care plans to use to report results to NCQA for accreditation or HEDIS®. Effective with HEDIS® 2007, NCQA adopted the 4.0H version of the CAHPS Health Plan Survey, Adult Version to collect information on the experiences of adult members with the health plan. Detailed information on the requirements for HEDIS/CAHPS 4.0H survey reporting is available directly from NCQA (www.ncqa.org).

Beginning in 2007, the CAHPS Database entered into a partnership with NCQA to obtain commercial sector CAHPS Health Plan Survey data submitted to NCQA by health plans. Health plans were given the option to approve the use of the data they submitted to NCQA by the CAHPS Database. The purpose of this partnership is to streamline the submission of data for health plans and vendors, and to move to a single, common database for commercial health plan enrollees.

Medicaid and SCHIP sponsors still submit CAHPS survey data directly to the CAHPS Database. Because NCQA's purposes for the data differ from those of the CAHPS Database, there are corresponding differences in survey administration, analysis methods, and presentation of the data. The table on the following pages presents differences between the CAHPS Database and the CAHPS 4.0H Medicaid survey data in NCQA's Quality Compass.

	National CAHPS® Benchmarking Database	NCQA Quality Compass®
Database Participation		
Criteria	Open to all sponsors of CAHPS Health Plan surveys that choose to participate (including public and private purchasers and health plans).	Includes health plans that use the HEDIS survey specifications to collect and report results, including plans that are part of NCQA's accreditation process and those that choose to publicly report their HEDIS results.
Survey Administration		
Survey Instrument Standards	CAHPS 4.0 or CAHPS 4.0H	CAHPS 4.0H
Survey Administration Standards		
♦ *Administration*	Survey must be conducted by a third party vendor according to CAHPS guidelines or the HEDIS protocol.	Survey must be conducted by a NCQA-Certified HEDIS Survey Vendor, using the HEDIS protocol.
♦ *Collection mode*	Mail, telephone or mixed mode protocols are accepted. Internet enhancement is accepted.	The standard HEDIS protocol includes two options: 1) Mail-only methodology 2) Mail with telephone follow up. Internet enhancements, other enhancements and alternative protocols must receive prior approval by NCQA.
♦ *Sample size*	Large enough to yield 300 completed surveys per health plan product, a cost-effective method shown to produce statistically useful survey comparisons.	Required sample sizes are set with the goal of achieving 411 completed surveys per health plan product.
♦ *Response Rates*	Target rates are 60% for commercial health plans and 50% for Medicaid, but lower rates are accepted.	Target rates are 55% for commercial and 45% for Medicaid, but lower rates are accepted if HEDIS protocol is followed exactly.
♦ *Completion criteria*	The CAHPS Database includes all records that have been coded as a complete and have at least one completed question.	Surveys used in the calculation of plan level results must have Question 1 and at least 80% of total pertinent questions answered or skipped. Responses to survey questions indicate the member meets the eligible population criteria.

	National CAHPS® Benchmarking Database	NCQA Quality Compass®
Data Analysis and Reporting		
Audit Requirements for Data Submission	No formal audit required. The CAHPS Database ensures the quality of submitted data through extensive contact with sponsors and vendors and thorough data cleaning and review of submitted member level files.	Only HEDIS survey measures that have been validated through a HEDIS Compliance Audit™ are eligible for use in Accreditation scoring or for inclusion in NCQA information products (Quality Compass®). The focus of the audit is to verify that the sample frame has been prepared correctly.
Survey Results Calculation	The CAHPS Database calculates survey results from member-level data files submitted by each sponsor's vendor.	NCQA receives member-level files from certified vendors and then centrally calculates HEDIS survey results and creates validated member-level data files and plan-level survey results on behalf of each vendor.
Calculation of National Distribution/Average	National distribution is calculated using respondent-level data.	National Average is calculated using plan-level data. Summary averages comprise both publicly and non-publicly reporting plans who submit data to NCQA.
Case Mix Adjustment	CAHPS Database comparisons of reports and ratings are adjusted for respondent age, education, and self-reported health status.	No case mix adjustment used.
Summary Comparisons	Statistical differences between plan means and the mean of all plan means are indicated by an arrow up (above the national plan distribution), down (below the national plan distribution), or no arrow (no difference). Summary results also are presented by grouping plans into five percentile categories. (90^{th} -100^{th} ; 75^{th} -89^{th} ; 50^{th} -74^{th}; 25^{th}-49^{th}; below 25^{th})	Plans are grouped into percentile rate categories. Percentiles are plan rates sorted by score, from lowest to highest. The percentile rates are segmented into 10th, 25th, 50th, 75th, and 90th, with the corresponding rate for the plans that fall within those categories.
Consumer Report Results/Individual Question Items	Consumer report results are presented in three-part bar charts showing the results for "Always", "Usually" and "Sometimes + Never".	Three types of consumer report results are presented: percentage responses for each question option, question summary rates, and global proportions ("always+usually" depending on the composite).
Ratings	Ratings are presented using a three-category display for the 0-10 scale questions: 0-6, 7-8, 9-10.	Percent responding to each category are presented as well as the percent responding 8-10 and the percent responding 9-10.
Question Numbering	Numbering of questions based on CAHPS 4.0H.	Numbering of questions based on CAHPS 4.0H.

	National CAHPS® Benchmarking Database	NCQA Quality Compass®
Summary Reports	***CAHPS Database Chartbook:*** • Published annually in the fall. • Compares consumer reports and ratings for commercial, Medicaid, SCHIP and Medicare populations. • Results include the current and prior year's data. • Results include consumer reports and ratings, individual question items that make up the composite as well as sections related to key findings, background on CAHPS and the CAHPS Database, and data sources and limitations.	***Quality Compass:*** ▪ Published annually in July for Commercial data and November for Medicaid data sets. ▪ Web-based product that compares health plans' performance and benchmarks of public reporting plans. Detailed and summary level responses are displayed for specific CAHPS measures. ▪ Data are available for Commercial and Medicaid populations. ***State of Health Care Quality Report***: • Published annually in September. • Compares adult commercial survey reports and ratings by top and bottom regions and by 90^{th} and 10^{th} percentiles.
Sponsor Reports	Participating Medicaid and SCHIP sponsors receive a free, customized Sponsor Report that compares their own results (adjusted for respondent age, education, and self-reported health status) to appropriate benchmarks derived from the CAHPS Database. Comparisons include national, regional, and plan type distributions.	Plans who submit data receive a report that compares their current year results to benchmark results from the previous year.
Access to Data Files	• Authorized access to respondent-level data files open to researchers free of charge upon approval by the CAHPS Database Executive Research Committee. • Access requires agreement to maintain confidentiality of sponsor and plan identities. • Special provisions apply to Medicare data files.	Access to summary and plan-level data files by purchase of Quality Compass license agreement. Non-identifying respondent level data are also available for purchase.